



## Membership Transfer Form

Use this form to notify the association of any changes in office information.

### **Agent Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cal DRE #: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

### **Previous Brokerage:**

Office Name: \_\_\_\_\_ Office MLS ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone#: \_\_\_\_\_

**Broker Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

### **New Brokerage:**

Office Name: \_\_\_\_\_ Office MLS ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

**\*\*New Broker Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please also send a copy of the CRMLS Member Transfer Form.**

Send to [membership@rsaor.com](mailto:membership@rsaor.com) or FAX to 562.860.5536