



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 or FAX to 562.860.5536