New Office / Office Transfer Application



Agent Information						
Agent Name:						
Home Address:				Suite:		
City:		State:		Zip Code:		
Agent Phone:		Cell Phone:				
E-mail Address:		(This will appear on the MLS)Website Address:				
DRE License:	Ex	Expiration Date:				
(PRINT name of Current Brok		I NOT allow the following lis	stings to be tra	ansferred to this salesperson's new	office:	
Listing #	Listing #	, Listing #		Listing #		
Listing #	Listing #	, Listing #		Listing #		
Release	e by Current BROKER:					
New Office Informat	ion	(Signature of C	Current BROKER)			
Firm Name:		Firm/Corporate DRE #				
Office Address:				Suite:		
City:		State:		Zip Code:		
Office Phone:	e:Office Fax:					
	Pro	cessing Fees and Dues are	e non-refund	lable		
		Office Transfer Fee:	\$25.00			
		New Office Setup Fee:	\$125.00			
New BROKER:				Date:		

The licensee listed above is affiliated with my broker/corporate license. This authorizes the above licensee to access CRMLS. (Signature of New BROKER)

I hereby apply for continued membership in the Local Association of REALTORS[®], the California Association of REALTORS, and the National Association of REALTORS. I agree to continue to abide by the Constitution, the bylaws, Rules and Regulations and the Code of Ethics, including the obligation to arbitrate any further disputes with another member of the Local Association, or member of the California Association, or member of any cause except transfer, I will discontinue the use of the designation REALTOR in all certificates, signs, or other indication of membership.

Agent Signature: ____

Date:	