

MEMBER TRANSFER/CHANGE FORM

For current OCAR Members Changing Offices (location and/or broker) -or- Changing Contact Information

MEMBER NAME

Date: ____/____/____

Name: _____

Office Use Only:

Member # _____

OFFICE TRANSFER INFORMATION

Transferring from (OLD OFFICE): _____

Transferring to (NEW OFFICE): _____

Firm Address: _____
Street City State Zip

Firm Phone: (_____) _____ Firm Fax: (_____) _____

New Broker's Signature -or- Authorized Office Manager's Signature (Required)

Date: ____/____/____

Broker/Office Manager (Print Name)

PAYMENT INFORMATION

(\$25 Charge applies to Office Transfers)

Forms received without payment will not be processed.

_____ Check enclosed for \$25 -or- _____ Charge My Credit Card

MC Visa Discover _____ Exp. Date ____/____

Cardholder Signature _____

If you are reinstating your membership, you must pay current year dues in addition to transfer fees.

UPDATE CONTACT INFORMATION

(\$25 fee does not apply if only changing personal info)

Home Address: _____
Street City State Zip

Preferred Contact Phone: (_____) _____ Fax: (_____) _____

Cell Phone: (_____) _____ (if different from preferred contact phone)

New Email: _____ Website: _____

Change of Name*: _____

*Changes to names will not be processed without a copy of the updated DRE license reflecting the name change.
Your MLS User ID will remain unchanged.