



401 Old Newport Blvd., Suite 100
Newport Beach, CA 92663
(949) 722-2300 * Fax (949) 631-4276

Member Change/Transfer Form

Date: ____/____/____

Member No.: _____ Member Name: _____

Office Transfer - \$35 Charge Applies

From (Old Office Name): _____

To (New Office Name): _____
(Your new office MUST be an active member office with NBAR)

Address: _____
Number Street City Zip

Office Phone No.: (____) _____ Fax: (____) _____ Email: _____

* New Broker or Authorized Designee for Brokerage Signature Required Date

| | |
|--|---------------------------------|
| Payment Information (Office Transfers ONLY) | |
| **All dues and MLS Fines <u>must</u> be paid current in order to complete transfer** | |
| _____ Check Enclosed for \$35 | Charge my: (circle one) Visa MC |
| Credit Card #: _____ | Exp. Date ____ / ____ |
| Billing Address Number: _____ | Zip Code: _____ CVC# _____ |
| Cardholder Signature _____ | |

Change Personal Information

Which do you wish as primary mailing address? Firm Home

New Home Address: _____

Best #: _____ Cell/Pager: _____

New e-mail? _____ Website: _____