

Member Change/Transfer Form

Date: ___/___/____

Member No.: _____ Member Name: _____

Office Transfer - \$35 Charge Applies

From (Old	Office Nam	ne):			
To (New C					
	(Your ne	w office MUS	T be an active mem	ber office with l	NBAOR/NEWORTMLS)
Address:					
	Number	Street		City	Zip
Office Pho	one No.: ()	Fax: ()	Emai	l:

* New Broker or Authorized Designee for Brokerage Signature Required

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							

nange Personal Information

Which do you wish as primary mailing addre	ess? 🗆 Firm 🗖 Home
New Home Address:	
Best #:	_ Cell:
New e-mail?	Website:

Email completed form to arleen@nbaor.com