



TRANSFER OF BROKER FORM

Your New Broker must be a member of WCREALTORS and all information must be completed for transfer

REALTOR'S INFORMATION:

Name: _____ TREC License # _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PREVIOUS BROKER/ OFFICE INFORMATION:

Previous Designated REALTOR® /Broker Name: _____

Previous Office Name: _____

NEW BROKER/OFFICE INFORMATION:

NEW Designated REALTOR® /Broker Name: _____

NEW Office Name: _____

New Office Address: _____

City: _____ State: _____ Zip: _____

NEW Office Phone: _____ New Office Fax: _____

Do you prefer your mailing address be: Home address: Office address:

**PAYMENT INFORMATION: There is a \$25 Transfer Fee and it must be submitted with completed form.
Checks should be made payable to WCREALTORS**

Credit Card Number: _____

Expiration Date: _____

Card Type: Visa MasterCard AMEX Discover

You may call us with payment information if you prefer

You may email this form to: WCREALTORS@WCREALTORS.ORG or mail / fax it using the information below

OFFICE USE ONLY		
Date Received: _____	Date Processed: _____	Check # _____
Processors Signature: _____		