



**OFFICE TRANSFER FORM**

*Signature of new Broker or the "Designated REALTOR" is required below*

**YOUR INFORMATION:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Cell: \_\_\_\_\_ Lic # DRE # \_\_\_\_\_

**Brokerage you are leaving:**

Company Name \_\_\_\_\_

**NEW Brokerage Information (required)**

Company Name: \_\_\_\_\_

Office address / or branch \_\_\_\_\_

Your new pref. mailing address:  Home or  Office \_\_\_\_\_

Email MAR/CAR/NAR should use to contact you: \_\_\_\_\_

New Office Direct Phone: \_\_\_\_\_

Preferred Fax (if any) \_\_\_\_\_

**YOU DO NOT SIGN THIS FORM.**

**SIGNATURE OF NEW BROKER  
or DESIGNATED REALTOR REQ.**

\_\_\_\_\_ Date: \_\_\_\_\_

**PRINT name of NEW BROKER / DES. REALTOR (req)**

\_\_\_\_\_

**Office Transfer - \$30 Processing Fee**

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

Name on Credit Card (print) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID Code: \_\_\_\_\_

*\* Any changes to a member record will be verified by MAR before the member can become active.  
This may affect member's status and ability to access member benefits.*

**Please return completed form to:**

Membership Coordinator  
23805 Stuart Ranch Road, Malibu, CA 90265  
Phone: 310.456.5566 Fax: 310.456.1809  
[membership@maliburealtors.org](mailto:membership@maliburealtors.org)