



# Transfer Form

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## Current Membership Type:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> Broker                 | <input type="radio"/> MLS-Only Board Member | <input type="radio"/> Senior Lifetime |
| <input type="radio"/> REALTOR®               | <input type="radio"/> Secondary             | <input type="radio"/> Affiliate       |
| <input type="radio"/> Non-Member Salesperson |   |                                       |

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

New Email Address: \_\_\_\_\_

Transfer OUT Office Name: \_\_\_\_\_ Broker Code: \_\_\_\_\_

Transfer INTO Office Name: \_\_\_\_\_ Broker Code: \_\_\_\_\_

Transfer INTO Office Address: \_\_\_\_\_

## New Membership Type:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="radio"/> Broker                 | <input type="radio"/> MLS-Only Board Member | <input type="radio"/> Senior Lifetime |
| <input type="radio"/> REALTOR®               | <input type="radio"/> Secondary             | <input type="radio"/> Affiliate       |
| <input type="radio"/> Non-Member Salesperson |   |                                       |

**NEW Broker/DR Name** (*Please enter or PRINT*):\_\_\_\_\_

Broker/DR Signature :\_\_\_\_\_ Date\_\_\_\_\_

OR Affiliate Name (*Please enter or PRINT*):\_\_\_\_\_

Affiliate Signature :\_\_\_\_\_ Date\_\_\_\_\_

**For AAABoR Office Use Only:**

**Total \$** \_\_\_\_\_ **Copy to Finance**\_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Date Effective:** \_\_\_\_\_