



REALTOR®

ANN ARBOR AREA
BOARD OF REALTORS®

Transfer Form

1919 W. Stadium Blvd., Ann Arbor, MI 48103

Phone: (734) 761 – 7340 | Fax: (734) 747 – 7377

Email: realtors@AAABOR.com | Website: www.AAABOR.com

There is a \$25 transfer fee. Please submit payment with your change request; transfer will be processed when the fee is paid.

Current Membership Type:

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

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 | <input type="radio"/> Senior |
| <input type="radio"/> REALTOR | <input type="radio"/> Board Only | <input type="radio"/> Lifetime |
| <input type="radio"/> Non-member Salesperson | <input type="radio"/> Secondary | <input type="radio"/> Affiliate |

Current Broker/DR Name (*Please enter or PRINT*): _____

Broker/DR Signature : _____ Date _____

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

Broker/DR Signature : _____ Date _____

OR Affiliate Name (*Please enter or PRINT*): _____

Affiliate Signature : _____ Date _____