



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

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 _____

For AAABoR Office Use Only:

Amt Pd: App Fee \$ _____ + Dues \$ _____ = Total \$ _____

Constant Contact _____ Issued Card _____ Copy to Finance _____

Date Received: _____ Date Effective: _____