



SUMMIT ASSOCIATION OF REALTORS®

352 LAKE DILLON DR | PO BOX 2397
DILLON, CO 80435
970.468.8700

2018 Office Transfer Application Form

Please read the applications carefully and complete all applicable sections.

Please include the following:

- ✓ **Application Form**
- ✓ **SAR Application Fee** - Application Fee of \$50.00, payable to Summit Association of REALTORS®

***NOTE:** If the new Office/Branch is not an Established Office/Branch in the System, please use the New Office/Branch Application Form.*

Member Information:

First Name: _____ Last Name: _____
 Real Estate License #: _____
 Transferring From (Old Office): _____
 Transferring To (New Office): _____

Do you have any Active Listings?: Yes No

Note: Any Active Listings MUST be withdrawn prior to Office Transfer

Do you have an RETS FEEDS?: Yes No

Effective Date of Transfer: _____

Change of Member Information:

Please indicate **any change** in member contact information.

First Name: _____ Last Name: _____
 Cell Phone: _____ Other Phone: _____
 Email address: _____
 Mailing Address: _____
 Town: _____ State: _____ Zip Code: _____
 Physical Address: _____
 Town: _____ State: _____ Zip Code: _____
 Website: _____

Designated Broker's Signature

Designated Broker's Name

Date Signed

Welcome and do not hesitate to contact us with any questions!

**Please return this application to Mikel Traweek, Membership Director at
Mikel@SARSummit.com or at the Summit Association of REALTORS® Offices.**





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Fee Schedule, Exhibit A / Credit Card Authorization Form

Application Fee:

Office Transfer SAR Application Fee - **\$50.00, payable to Summit Association of REALTORS®**

NOTE: If the new Office/Branch is not an Established Office/Branch in the System, please use the New Office/Branch Application Form.

Application Fee Payments:

I would like to Pay my \$50.00 SAR Application Fee:

- By Check, payable to Summit Association of REALTORS® Check # _____
- By Credit Card - Please fill out CC Auth Form below

Name as it appears on the Credit Card: _____

Company Name: _____

Phone: _____

Credit Card Billing Address: _____

Town: _____ State: _____ Zip Code: _____

Credit Card Type: Amex Discover Master Card Visa

Credit Card # : _____

Expiration Date: _____

I AUTHORIZE Summit Association of REALTORS® to charge my American Express, Discover, Master Card or Visa for the following selected charges:

Office Transfer Application Fee \$50.00

Total Due \$ _____

Signature

Date Signed

Once Payments are run, this form is destroyed for your protection.

