

# OFFICE TRANSFER APPLICATION

## 2021/2022



Please read the application carefully and complete all applicable sections.  
Please include the following:

- 1 Application Form
- 2 SAR Application Fee: Application Fee of \$50.00, payable to Summit REALTORS®.

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

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Note: Any Active Listings **MUST** be withdrawn prior to Office Transfer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

## CHANGES:

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

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Designated REALTOR® Name: \_\_\_\_\_

Designated REALTOR® Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note: Your Designated REALTOR® must be a member in order for Broker Associates/Agents to become members.**

DESIGNATED REALTOR®/RESPONSIBLE BROKER: A "Designated REALTOR®" is defined as the sole proprietor, partner, or corporate officer of a real estate or appraisal firm, or an individual exercising management control of such firm.

Please return this application to Melanie Ball, Membership Director at  
Melanie@SARSummit.com or at the Summit REALTORS® Offices.

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



# OFFICE TRANSFER APPLICATION

2021/2022



**SUMMIT  
REALTORS®**

★ Office Transfer Application Fee - \$50.00, payable to Summit REALTORS®

Note: Fee must be paid prior to office transfer.

I would like to pay my Office Transfer Fee:

By Check, payable to Summit REALTORS® Check # \_\_\_\_\_

By Credit Card - Please fill out CC Authorization 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: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

Office Transfer Fee \$50.00

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

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

## THANK YOU!

