



3323 Northwest Ave., Bellingham, WA 98225 360-671-5477 / 360-734-9684 (fax) www.wcar.net / info@wcar.net

## MEMBER TRANSFER BETWEEN BROKERAGES OR TO CHANGE PERSONAL INFORMATION

Please use this form if you are moving your license to a new brokerage or if you have personal information to change (change of address, change of name, etc.) Transfer Fee is \$15.00.

| 1. Personal Information           |              |         |             |
|-----------------------------------|--------------|---------|-------------|
| National REALTOR® Database Syst   | tem (NRDS) N | lumber: |             |
| Name:                             |              |         |             |
| Home/New Address:                 |              |         |             |
| City:                             | State:       |         | Zip:        |
| Home Phone:                       |              |         |             |
| Cell:                             |              | -       |             |
| Fax:                              |              | _       |             |
| Primary E-mail:                   |              |         |             |
| Secondary E-mail:                 |              |         |             |
| The e-mail you want the Associati | on to use:   | Primary | Secondary   |
|                                   |              |         |             |
| 2. Company Information            |              |         |             |
| New Office Name:                  |              |         |             |
| New Office Address:               |              |         |             |
| Office Phone:                     | Office Fax:  |         | <del></del> |
| Preferred mailing address:        | Home         | Office  |             |
|                                   |              |         |             |
| Signature:                        |              |         | Date:       |

## 3. Payment information

| Check Number:         | Fee                    | e Amount:         |  |
|-----------------------|------------------------|-------------------|--|
| Name on Card:         |                        |                   |  |
| Credit Card Number (\ | /isa or Mastercard Onl | y):               |  |
| Exp. Date:            | CVV No:                | Billing Zip Code: |  |