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**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 System (NRDS) Number: _____

Name: _____

Home/New Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell: _____

☐ I agree to receive WCAR texts alerts to the above cell phone number

Primary Email: _____

Secondary Email: _____

The email you want the Association to use: ☐ Primary ☐ Secondary

Preferred mailing address: ☐ Home ☐ Office

2. Company Information

New Office Name: _____

New Office Address: _____

Office Phone: _____ Office Fax: _____

Member Signature: _____ Date: _____

3. Payment information

Check Number: _____ Fee Amount: _____

Name on Card: _____

Credit Card Number : _____

Exp. Date: _____ CVV No: _____ Billing Zip Code: _____

Email completed form to info@wcar.net