MEMBERSHIP TRANSMITTAL FORM

REALTOR®

Date___/___/____

Information requested on this form is mandatory with the following exceptions Only one mailing address is required by NAR/CAR(Office addresses are mandatory for designated Realtors*) The reporting of Members Numbers(social security number) is encouraged but not required by NAR/CAR

Section A **APPLICANT INFORMATION** **(Please Print or Type)**

Member Number _____ Date of Birth_____
(social security number)
Member name MR/MRS_____
(First) (Middle) (Last) (Jr/SR)

Office Transferring from_____

Office Transferring to_____

Real Estate Agent(Broker,Broker Associate,other_____ Please circle one

Check here if you do not want your name sent to direct mail Marketers_____NO

Send CAR/NAR mail to(Check one)
_____Home_____Office

Home mailing address

_____

_____

_____

(___) ___-_____ (___) ___-_____,

Email Address_____

Office Name and Mailing address

_____

_____

_____

(___) ___-_____ (___) ___-_____,

Email Address_____

Section B **The Following to be filled out by the Board**

Board ID_____ Board Name_____

Board Member ID_____S=SSN_____orR=Real Estate_____Lic No_____orO other____

Transaction Type (CHECK ONE)

_____A.New **_____T.Board Transfer** **_____CO.Office Address Change**

_____S.Secondary member **_____D. Drop** **_____CH. Home Address Change**

_____R.Reinstate **_____OT.Office Transfer** **_____CN. Name Change**

OFFICE TRANSFER FEE: $50.00_____ Office ID_____
Reinstatement Fee: $50.00_____