

Member Change Form

fax to (650) 342-7509 or e-mail samcar@samcar.org

☐ OFFICE TRANSFER	☐ OFFICE SEVERANCE	☐ CHANGE OF ADDRESS
NAME: ADDRESS: PHONE #:	NRDS#:	#:
OFFICE TRANSFER It is understood that this transfer will be recognized upon payment of the Transfer fee. If applicable, a new SUPRA Key Agreement must be signed by the Broker and returned to SAMCAR. In order for a SAMCAR member to retain SAMCAR membership and/or MLSListings subscription, the Broker must be a SAMCAR member or a MLSListings, Inc subscriber.		
OFFICE NAME:	OFFICE NAME:	NEW OFFICE
ADDRESS: BROKER CODE: DATE:	ADDRESS: BROKER SIGN HERE: BROKER	ker Signature Required
\$75 TRANSFER FEE PAYMENT Payable by either check, Visa or Mastercard, please. CREDIT CARD #: EXP. DATE: CODE: CARD HOLDER SIGNATURE:		
SEVERANCE When a REALTOR' member or a MLSListings, Inc subscriber is servered from an office, this form must be submitted to SAMCAR within 10 days of such severance. The licencee named above has been severed from my firm and the license has been removed from my premises for the following reasons: Transferring Associations Leaving Real Estate Moving Out-of-Area Unsure/Undecided BROKER SIGNATURE: Broker Signature Required DATE: SUPRA KEY #: SUPRA KEY #:		
OFFICE USE ONLY ☐ Paid Tran	nsfer Fee: ☐ Key notified: _	PRDS notified: