

OFFICE TRANSFER FORM

Member Name _____ Member # _____

◆ There is a **\$20** fee for all office transfers ◆

Please sign and fax this form to (626) 795-7155 or email to membership@pfar.org

PREVIOUS OFFICE (TRANSFERRING OUT OF)

Office Name _____ Office # _____

Address _____

City _____ State _____ Zip _____

Broker Signature _____ Date _____

NEW OFFICE (TRANSFERRING INTO)

Office Name _____ Office # _____

Address _____

City _____ State _____ Zip _____

New Phone Number _____ New Email _____

Broker Signature _____ Date _____

PAYMENT INFORMATION

Card Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____ Exp Date _____ Security Code _____

Billing Address _____

City _____ State _____ Zip _____

Member Signature _____ Date _____

I authorize the Pasadena-Foothills Association of Realtors to charge the credit card indicated \$20 office transfer fee.