

Southern Vermont Board of REALTORS®

Member Transfer Form

All members transferring offices who have Primary or Secondary REALTOR® membership with SVBR are required to complete this form and submit along with a signed copy of the Vermont Real Estate Commission's "Change of Information Form". Please return to SVBR by fax 802-862-2306 or email karissa@vtrealestate.com.

PLEASE PRINT

Name as shown on License _____

Name to appear on roster _____ Nickname _____

License No. _____

License Effective Date (Most Recent): _____

License Type: (circle one) Broker Salesperson Appraiser

NRDS Number: _____

Home Street Address _____

City _____ ST _____ ZIP _____

Home Mailing Address _____

City _____ ST _____ ZIP _____

Home Phone _____ Cell Phone _____ Home Fax _____

E-Mail Address _____ Agent Website _____

Preferred Phone: (circle one) CELL HOME OFFICE

Preferred Fax: (circle one) HOME OFFICE

Preferred Address for Mail: (circle one) HOME OFFICE

Preferred Address for Publications: (circle one) HOME OFFICE

Office Transferring From _____

New Office _____

Designated REALTOR® of Office _____

Office Street Address _____

Office Mailing Address _____

City _____ ST _____ ZIP _____

Office Phone _____ Office Fax _____

Office Website _____

Member Signature _____ Date _____