



Greater LA REALTORS®
Office Transfer Form
membership@glarealtors.com

PERSONAL INFORMATION		
Last Name:	First Name:	MI:
Phone:		Alternate Phone:
E-mail :	CalDRE #	
NEW - COMPANY INFORMATION		
Company/Firm Name:	Broker Name:	
Address		
City	State	Zip
Phone (mobile)	Ext.	Fax
SIGNATURE		
Member's Signature:	Date	
OLD - COMPANY INFORMATION		
Company/Firm Name:	Broker Name:	
Address		
City	State	Zip
OFFICE TRANSFERS REQUIRE A \$20 PROCESSING FEE (The following authorizes GLAR to charge your credit card)		
Name as it Appears on Credit Card:		
Credit Card Number:	CID#:	Expiration Date

By checking this box, I verify this is my mobile number and consent to receive text messages via automated technology to this number regarding services provided and my membership with GLAR. Message and Data rates may apply.