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

Personal Information

Last Name:	First Name:	M.I.:
Phone:	Alternate Phone:	
E-mail:	CalDRE #	

New - Company Information

Company/Firm Name:	Broker Name:	
Address:		
City:	State:	Zip:
Phone: Ext.	Fax:	

Old - Company Information

Company/Firm Name:	Broker Name:	
Address:		
City:	State:	Zip:
Phone: Ext.	Fax:	

Signature

Member Signature:	Date

Office Transfers require a $20 processing fee

Name:		
Credit Card Number:	CID#	Exp.