

1901 Energy Court, Ste. 155, Gillette, WY 82718 Phone: 307-682-2789 Email: newra@vcn.com

Member Transfer Form

Transfer Fee: \$25.00

Member Transfer for: O REALTOR		MLS Membership O B	Both REALTOR and MLS Membership
My current Designated	REALTOR/Broke	er O has knowledge O	does NOT have knowledge of my transfer.
Name as shown on licer	ıse:		
Residential Address:	(Street Address)		
	(City, St, Zip)		
O my email will re	main the same.		
Cell Phone Number:		License #:	
Type of License: O Br	oker O Sales 1	Person O Certified A	ppraiser
Transferring FROM : _			
Transferring TO :			
	Designat	ted REALTOR/Broker (Certification
(Name of Transferee)		is now/will be affiliat	ed with my office as of:
Effective date of transfer	ar•		
Effective date of transfe	a	<u> </u>	
(Signature of new Designated K	PEALTOR®/Broker)		(Date)
(Signature of Transferee)			(Date)

(Signature of Transferee)