



Member Change/Transfer Form

(Change form can be faxed to 310-326-3650)

Member Number: _____ Member Name: _____

Member Office Transfer

Previous Office Information:

Office Name: _____ Broker Name: _____

New Office Information:

Office Name: _____ Broker Name: _____

Office Address: _____

Broker Signature: _____

*****A separate Listing Transfer form is required if new office needs to be reflected on any active listings.**

Member Personal Information Changes

(Only complete items below that need to be CHANGED)

Name: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Direct Phone: _____ Personal Fax: _____

Email/Website: _____

Other: _____

***** Name changes MUST be reflected on the BRE.**

Office Information Changes

Current Office Name: _____ Current Office # _____

(Only complete items below that need to be CHANGED)

Office Name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Broker Signature: _____

Member Signature _____ Date ____/____/____

Please note: Changes cannot be made unless they are reflected on the BRE. It is the member's responsibility to review all information on the MLS/Listings within 48 hours of submitting the change/transfer form. Please notify the membership department if any additional changes need to be made.