



12916 168th Avenue Grand Haven, MI 49417 PH: (616) 846-6240 Fax: (616) 846-5155

Today's Date _____

Effective Date of Change _____

RETURN COMPLETED APPLICATION TO INFO @WMLAR.COM

MEMBER TRANSFER FORM

****For use by Designated REALTORS® Only****

The purpose of this form is to request a change in the records of the West Michigan Lakeshore Association of REALTORS® (membership/MLS). It is not intended to be used in conjunction with the Department of Licensing and Regulatory Affairs (licensure). Changes will not be made if form is submitted incomplete. If the form as submitted is incomplete, it will be returned for completion to the person/firm that submitted it.

All transfers must be reported by the 25th of ANY month to ensure proper billing of MLS services

NAME _____ SS# ***-**-_____

HOME ADDRESS _____ PO Box _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ CELL PHONE (____) _____

E-MAIL ADDRESS _____ NEW LICENSE # _____

TRANSFER IN WMLAR RECORDS

By completing the following, you are reporting that the above-named individual is no longer licensed with the broker and/or affiliated as an employee or independent contractor.

FROM: FIRM NAME/BRANCH _____

Is your Agent transferring Keyboxes to their new company? YES ___ NO ___

If yes, list the Keybox numbers: _____

By completing the following, you are reporting the above-named individual is now licensed or affiliated with the following firm on record with WMLAR.

TO: FIRM NAME/BRANCH _____

NAME OF DESIGNATED REALTOR® _____

DESIGNATED REALTOR® SIGNATURE _____

Required

**** A \$20.00 Record Change Fee must accompany this form from the transferring Agent****