



MISSION STATEMENT: A Lakeshore Association dedicated to the growth of Real Estate Professionals and the future of their communities. 12916 168th Ave. Grand Haven, MI 49417 PH: (616)846-6240 www.WMLAR.com

Today's Date _____

Effective Date of Change _____

RETURN COMPLETED APPLICATION TO ERIN@WMLAR.COM

REALTOR® Membership TRANSFER Form

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 _____ License Number _____
(As shown on your license) Type: Broker Salesperson Appraiser

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOB _____ Email: _____

Preferred Phone (____) _____ [] Cell [] Landline Permission to Text? [] Yes [] No

Languages Spoken (other than English) _____

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****