



Greater LA REALTORS®
Office Transfer Form
membership@glarealtors.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.