



## AFFILIATE OFFICE TRANSFER FORM

**Transfer Fee: \$20**

**PREVIOUS INFORMATION**

Member Name: \_\_\_\_\_

Former Office: \_\_\_\_\_ Member #: \_\_\_\_\_

**NOTICE TO SEVER (TERMINATE)**

Yes, I am terminating my membership with VCCAR.  
(The \$20 fee does NOT apply to severing/termination.)

**NEW INFORMATION**

New Office: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Home #: \_\_\_\_\_

**PAYMENT INFORMATION**

\_\_\_\_\_  
Name as shown on card Phone

\_\_\_\_\_  
Card Billing Address City State Billing Zip Code

American Express   Discover   Mastercard   Visa 

\_\_\_\_\_  
Card Number Exp. Date CSC/CVC Code Billing Zip Code

➤ Signature \_\_\_\_\_ \$ \_\_\_\_\_  
Total Charge

**UPLOAD YOUR COMPLETED FORM AT [WWW.VCREALTORS.COM/FORMS](http://WWW.VCREALTORS.COM/FORMS)**