

TRANSFER/ REINSTATEMENT FORM

Please type or print; complete all applicable spaces. DPOR documentation required.

Date: ___/___/___ RE License #: _____

NRDS # : _____ Email: _____

Name: _____ Phone Number: _____

Former Firm: _____

Date of Termination: ___/___/___ Former Firm Phone #: _____

New Firm: _____

Address: _____

Phone: _____ Fax: _____

Signature of Member: _____

Signature of New Broker: _____

Note: Completion of this form authorizes SVAR to change membership information at the Local, State and National Associations. Advance payment is required to process this transfer or reinstatement.

Transfer Fee \$100.00 Reinstatement Fee \$150.00

Check made payable to SVAR enclosed herewith OR Credit card information provided below.

Card Type: VISA MC DISC AMEX

CC#: _____ Exp: ___/___ CSV: _____

Name on card: _____

Billing address for card: _____

City: _____ State: _____ Zip: _____

I hereby authorize payment via my card for the above referenced amount to the Southside Virginia Association of REALTORS®.

Signature of Cardholder: _____

Date Received by SVAR: ___/___/___ Processed by: _____

NRDS ID #: _____