

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ RE License #: \_\_\_\_\_

NRDS # : \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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. Reinstatement is only for members rejoining within 6 months of membership termination.*

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 #: \_\_\_\_\_