

Membership Update / Return of License / Report of Transfer Form

Date:	Firm:				
IMPORTANT: Please specify report by ☐ Transfer to different company with ☐ Change in Name/Address/Phone N ☐ Transfer to a referral company (see ☐ Return of License (section I) ☐ Transfer to different Board/Assn (see	in BAAR (section II and III umber (top section) :tion I)	l) – new offic	e MUST also be a m	nember of BAAR	
Name of Licensee (Member):					
Home Phone:	Cell Phone: _			_	
Home Address:					
City:	State:	Zip:			
Email address (if changed):		NRDS			
I. PLEASE COMPLETE IF REPORTING	A RETURN OF LICENSE VE	RIFICATION	:		
Broker/Manager confirms that				is no longer lic	censed with Broker
Member and that his/her license has				_	
(Firm Name) (Date of Severance) (Sig	nature of Broker/Manage	er)			
II. PLEASE COMPLETE IF REPORTING ***Office that the member is transfe		member of B.	4 <i>AR**</i> *		
TRANSFER FROM:					
Current Firm:			_ Office NRDS:		
Firm Address:	City	:	State:	Zip:	_
Board/Association:					
TRANSFER TO:					
New Firm Name:					
New Firm Address:			State:	Zip:	
Board/Association:					
III. VERIFICATION for TRANSFER THA	T INDIVIDUAL IS LICENSE	ED WITH BRO	OKER MEMBER:		
Broker/Manager confirms that			is in fact	. licensed with Bi	roker Member. Broker
Member agrees to notify BAAR in wr					, , , , , , , , , , , , , , , , , , , ,
(Firm Name) (Signature of Broker/M	anager)				
Please return to:					

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