



Office Transfer Form

Welcome to the REALTOR® Family. Thank you for choosing the EPCAR as your primary Association. This form can be filled out on a computer with Adobe Reader.

CONTACT INFORMATION

First Name: _____	Last Name: _____
Nickname (if used) _____	Cellphone: _____
E-mail: _____	Other Phone: _____
Website: _____	License #: _____
Birth Date: _____	Today's Date (mm/dd/yyyy): _____
Street Address: _____	
City: _____	State: _____ Zipcode: _____

OFFICE INFORMATION

Office Name: _____	Office License # (optional): _____
Broker Name: _____	Office Phone: _____
Office NRDS #: _____	Office Street Address: _____
City: _____	State: _____ Zipcode: _____

Realtor Signature _____ Date _____

Broker Signature _____ Date _____

Please email this form to membership@epcar.com. There is a \$25 Office Transfer Fee payable at time of transfer. Please allow a minimum of 48 hours after receipt of application for processing.