



CONEJO SIMI MOORPARK ASSOCIATION OF REALTORS®
463 Pennsfield Place, Suite #100
Thousand Oaks, CA 91360
Email: Laura@csmaor.com/Sarah@csmaor.com
Phone: (805) 495-4681

CSMAR MEMBER OFFICE TRANSFER FORM - \$40.00 FEE

Member Name: _____

Member ID: _____

DRE License#: _____

Current Office: _____

New Office Name*: _____

New Office Address: _____

New Email (If Applicable): _____

(Signature of REALTOR® Member)

(Date)

Important Notice and Acknowledgement: All listings acquired under your current Brokerage will REMAIN with the Brokerage. You will not be able to access or change these listings under your new brokerage. Please work with your current Broker to ensure your listings will not be in violation. Contact the MLS Department at mls@csmaor.com for any listing questions.

Initials of REALTOR Member

***REALTORS® must update their C.A.R. agent profile in zipForms with their new office information, CSMAR cannot make this change.**

Broker Authorization: I hereby certify the above-named Associate is a member of my office and I accept the responsibility of the Supra Key previously issued to said member.

(Signature of Designated Broker - New Office)

(Date)

For payment, please fill out the Credit Card Authorization form on the next page or call us at 805-495-4681 to make payment over the phone.



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CSMAR MEMBER OFFICE TRANSFER CHARGE AUTHORIZATION FORM - \$40.00 FEE

Name of Card Holder: _____

Company: _____

Billing Address: _____

City/State/Zip:

Phone: _____

Email: _____

I hereby authorize Conejo Simi Moorpark Association of REALTORS® to charge my

Mastercard _____ Visa _____ American Express _____ Discover _____ for an Office Transfer Fee
in the amount of \$ _____ Card # _____

Exp. Date _____ CVC Code _____

(Print Name of Card Holder)

(Signature of Card Holder)

(Date)