



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 - \$50.00 FEE

Member Name: _____

Member ID: _____

DRE License#: _____

Current Office: _____

New Office Name*: _____

New Office Address: _____

New Email (*If Applicable*): _____

(Signature of REALTOR® Member)

(Date)

Listings: Listings acquired under your current Brokerage will **REMAIN** with the Brokerage. You **will lose MLS access** to them. 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 _____

If you are part of a team in CSMAR MLS, please provide MLS Team ID _____

*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 - \$50.00- 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)