



OCEAN COUNTY BOARD OF REALTORS®

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www.OceanCountyRealtors.org

2018 MEMBER TRANSFER INFORMATION FORM

Please inform the Ocean County Board of REALTORS® of your transfer status within 72 hours .

Please read carefully and complete all sections required:

Name, as shown on License: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ License Reference Number: \_\_\_\_\_ (zip code)

E-mail Address: \_\_\_\_\_

Transferring From:

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Transferring To:

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Office Telephone: ( ) \_\_\_\_\_ Office Fax: ( ) \_\_\_\_\_

Transferee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize or do not authorize receiving official email, text messages, and faxes from the OCBR. (Please check)
WHEN TRANSFERRING FROM ONE BOARD TO ANOTHER BOARD, THE FOLLOWING DUES ARE PRORATED
TO THE QUARTER IN WHICH THE APPLICATION IS DATED

\*DUES PAYMENTS ARE NON-REFUNDABLE.\*
REALTOR-ASSOCIATE® TRANSFER

Table with 4 columns: 1/1 - 3/31, 4/1 - 6/30, 7/1 - 9/30, 10/1 - 12/31. Each column contains 'TOTAL' and '\$89.00'.

REALTOR® TRANSFER

Table with 4 columns: 1/1 - 3/31, 4/1 - 6/30, 7/1 - 9/30, 10/1 - 12/31. Each column contains 'TOTAL' and '\$199.00'.

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CREDIT CARD CASH CHECK

Account No: \_\_\_\_\_ Security Code: \_\_\_\_\_

Names As It Appears on the Account Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

THIS PORTION TO BE COMPLETED BY THE BROKER OF RECORD FOR YOUR AGENCY

Broker of Record: \_\_\_\_\_ Name of Agency: \_\_\_\_\_

Main Office Address: \_\_\_\_\_

SIGNATURE (BROKER OF RECORD): \_\_\_\_\_