



MID CAROLINA REGIONAL ASSOCIATION OF REALTORS®

140 Turner Street, Southern Pines, NC 28387

910-692-8988 Membership@MCRAR.com Accounting@mcrar.com

Association Transfer Request

I hereby apply for a transfer of my Mid Carolina Regional Association of REALTORS®, Inc. (MCRAOR) Membership. Attached is a check for the MCRAOR Transfer Fee, made payable to MCRAOR in the amount of \$ _____.

I agree to continue to abide by the MCRAOR *Bylaws*, *MCRMLS Rules and Regulations*, and the *Code of Ethics* of the National Association of REALTORS®.

Transferee's Name (as shown on NC Real Estate license): _____

Nick Name: _____

Transferee's NC Real Estate License #: _____

Type of License: [] Broker [] Provisional Broker [] Licensed Appraiser

Transferee's Home Address: _____

Transferee's Cell Phone #: _____ Cell Phone Provider: _____

Transferee's Preferred Phone # (if different from Cell #): _____

Transferee's Email: _____

Name of Firm Transferring FROM: _____

Name of Firm Transferring TO: _____

Firm Address: _____

Name of BIC: _____

MCRLMS does not transfer listings or lockboxes. Listings belong to the Firm and are put in the Participant's control upon the Subscriber's departure.

Lockboxes should be returned to the Firm to which they were issued. If the Participant releases listings to the Subscriber, the Subscriber must reenter the listings into the MCRLMS as new listings and obtain new lockboxes from the new Firm

Transferee Signature Date

New BIC Signature Date

Former BIC Signature Date

MCRAOR OFFICE USE ONLY: [] Verified Transfer Through NCREC **OR** [] Obtained Cop of Email from NCREC
Staff Initials: _____