



AFFILIATE OFFICE TRANSFER FORM

Transfer Fee: \$20

PREVIOUS INFORMATION

Member Name: _____

Former Office: _____ Member #: _____

NOTICE TO SEVER (TERMINATE)

Yes, I am terminating my membership with VCCAR.
(The \$20 fee does NOT apply to severing/termination.)

NEW INFORMATION

New Office: _____ Effective Date: _____

Address: _____

Office Phone #: _____ Email: _____

Mobile #: _____ Home #: _____

PAYMENT INFORMATION

Name as shown on card Phone

Card Billing Address City State Billing Zip Code

American Express  Discover  Mastercard  Visa 

Card Number Exp. Date CSC/CVC Code Billing Zip Code

➤ Signature _____ \$ _____
Total Charge

FAX OR EMAIL YOUR COMPLETED APPLICATION TO: 805-981-2107 - ASHLEY@VCREALTORS.COM