



OFFICE TRANSFER FORM

Please send the completed form to membership@tulsarealtor.com

Note: a \$40 Transfer Fee will be charged to your GTAR account.

Member Name:	License	e #:	
PREVIOUS Office Information:			
Office Name:			
Office Street Address:			
City:	State:	Zip:	
New Office Information:			
Office Name:			
Office Street Address:			
City:	State:	Zip:	
REQUIRED INFO for an office tran			
· · ·	Key for this agent (<u>BROKER</u> checkmark will NOT be acce	<u>initial</u>): YES NO	_
NOTE. A	oncommant will IVOT be acce	pica for this s c ollon.	
Member Signature	Date	· !	
BROKER Name - Print	BRO	BROKER Signature	