



7347 – 57TH AVENUE
KENOSHA, WI 53142
PHONE: (262) 942-0592

AGENT OFFICE TRANSFER FORM

Name: _____

Home Address: _____ City, State, Zip: _____

Phone: _____ Cell #: _____

Email Address: _____

I am transferring my License

From Office: _____ Office Code: _____

To Office: _____ Office Code: _____

Address: _____ PH: _____

City, State, Zip: _____ FAX: _____

Please list any committees that you are serving on: _____

Please complete the above and attach the following requested information and sign below:

_____ Transfer fee of \$35.00, payable to SRA

_____ Copy of DSPS Employment Form

_____ Copy of DSPS Termination Form

Signature of Agent: _____ Date: _____

SRA OFFICE USE ONLY:

RECEIPT: _____ DATE: _____ CC/CHECK # _____

CONSTANT CONTACT: _____ EXCEL MEETING ATTENDANCE: _____ MLS QB: _____ SRA QB _____ IMIS _____

MLS BILLING _____ JENNA EMAIL _____ JAN EMAIL _____ NANCY EMAIL _____ METRO _____

MEMBERSHIP TYPE: _____

**SOUTHSHORE REALTORS® ASSOCIATION AND SOUTHSHORE MLS, INC MARKETING
CONSENT FORM**

Name: _____

Office Name: _____

Address: _____

City, State, Zip: _____

Telephone #: () _____

Fax #: () _____

Email Address: _____

I understand that by providing above my mailing address, email address, telephone number(s), and fax number(s), I consent to receive communications sent from the Southshore REALTORS® Association, Inc. and the Southshore MLS, Inc. via U.S. mail, email, telephone or facsimile at those number(s)/location(s).

Signature: _____

Please Print name: _____

Date: _____