



TRANSFER/REINSTATEMENT FORM

Date: \_\_\_\_\_ RE License # \_\_\_\_\_

NRDS # \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Number: \_\_\_\_\_

Former Firm: \_\_\_\_\_

Date of Termination: \_\_\_\_\_ Firm Phone # \_\_\_\_\_

New Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Member: \_\_\_\_\_

Signature of New Broker: \_\_\_\_\_

**Note:** Completion of this form authorizes SVAR to change membership information at the Local, State and National Associations. Advance payment is required to process this transfer or reinstatement.

Transfer Fee \$100.00  
Reinstatement Fee \$150.00

\_\_\_\_\_  
\_\_\_\_\_  
Check made payable to SVAR enclosed herewith  
Credit card information provided below. Fax form to (804)520-4625

DATE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

CREDIT CARD TYPE (circle one) MC VISA DISCOVER AMEX

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ VCode (3 digit) \_\_\_\_\_

FIRM \_\_\_\_\_

BILLING ADDRESS FOR  
CARD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**I authorize payment via my credit card for the above-referenced amount to the Southside Virginia Association of REALTORS®.**

**SIGNATURE OF  
CARDHOLDER** \_\_\_\_\_