Hunterdon-Somerset Association of REALTORS®

MEMBER TRANSFER NOTICE

MEMBER NAME			NEW OFFICE NAME		
HOME ADDRESS			NEW OFFICE ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
NRDS#	CELL PHONE		NEW OFFICE PHONE	NEW OFFICE FAX	

E-MAIL ADDRESS

× _____ _____

Signature of Applicant Date

I, the undersigned REALTOR®, am the employing Licensed Broker of Record and Designated REALTOR® (or authorized Office Manager) of the above applicant. I certify that he/she is fully trained and familiarized with the By-Laws, Rules and Regulations of the HUNTERDON/SOMERSET ASSOCIATION OF REALTORS®, Inc. I certify that all statements in the application are true to the best of my knowledge and that no material fact has been omitted or concealed.

× _____ _____

Signature of Designated REALTOR®/Manager Date

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Member Transfer Administration Fee: $25.00

Payments can be sent to HSAR via fax at (908) 725-2466, or mailed to the address below

Credit Card *(please select one):* Visa ___ MasterCard ___ American Express ___

Credit Card #_____Exp. Date_____

Signature_____

Email to: membership @hsar.com or Fax to: (908) 725-2466