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CORE Association of Realtors
www.core-realtors.com

Member Change Form

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone #: _____

Preferred E-Mail: _____

Real Estate License Number: _____

Office Transferred from: _____

Office Transferred to: _____

New Office Address: _____

\$25 transfer fee from office to office - per member

Name on card: _____

Card type: _____ CVV: _____

Credit Card #: _____ Exp: ____/____

Billing address (if different from above): _____

Credit Card Holder Signature: _____

Transfer Date: _____ **Broker Signature:** _____