



Member Transfer Form

Email completed form to: AssociationSupport@crmls.org or Fax to: 909.859.2050

Transferring Agent Information

Current Public ID:	New Public ID:	New Office ID:
Name:		Signature (Required):
Select additional products to be transferred that are actively being used by the Transferring Agent: <input type="checkbox"/> Smart Desk <input type="checkbox"/> Smart Docs <input type="checkbox"/> Cloud CMA		
Select the type of transfer: * <input type="checkbox"/> Transfer Listings to New Broker <input type="checkbox"/> Same Broker (finalized listings transfer to new office) <input type="checkbox"/> Leave Listings with Current Broker (transfer contacts, saved searches, auto emails)** <input type="checkbox"/> Other (include page 2)		
* Agent always retains finalized listings. ** If selected, no broker signature is required.		

IMPORTANT: Please advise member that if they add any information to CRMLS Matrix, including Contacts, Saved Searches, Auto-Emails, or Listings, using their new Public ID prior to the completion of the transfer, all of the information will be overwritten and cannot be recovered.

Broker Information

Current Broker Information	
Broker Name (Required):	Broker Public ID (Required):
Signature: *	Date:
<input type="checkbox"/> Broker approval signature on file at Association **	
New Broker Information	
Broker Name (Required):	Broker Public ID (Required):
Signature: *	Date:
<input type="checkbox"/> Broker approval signature on file at Association **	

* By signing you signify you: (1) Understand and approve the transfer type and the product selections made above. (2) Agree to release the agent, their data, and if applicable, their listings. (3) Have reviewed and approve all pages included in this transfer request.

** By checking the **Broker approval signature on file at Association** checkbox, the Association signifies that they have broker signatures on record. Association will retain record of such signatures and CRMLS will rely on the Association to retain signatures for future reference.

Association Information

Current Member Association	
Designee Name:	Association:
Signature: *	Date:
<input type="checkbox"/> See attached Letter of Good Standing in lieu of Current Member Association signature .	
New Member Association	
Designee Name:	Association:
Signature: *	Date:

* By signing you signify you: (1) Understand and approve the transfer type and the product selections made above. (2) Agree to release the agent, their data, and if applicable, their listings. (3) Have reviewed and approve all pages included in this transfer request. (4) Are the Association Executive or their appointed designee.



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Other/Special Request

If you have selected the Transfer Type of "Other", use this page to describe your special transfer request. This page must be completed and included with the request at the time of signing by all parties.
