



# Member Transfer Application

(Please type or print; complete all applicable spaces)

Name: \_\_\_\_\_

Old Firm Name: \_\_\_\_\_

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

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

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

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

Phone number on your listings: \_\_\_\_\_

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

License #: \_\_\_\_\_ License Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Association: \_\_\_\_\_

**\*The one time member transfer application fee is \$50.**

Check enclosed payable to SCAR. If you wish to pay by credit/debit card, you can do so after the application is received at the SCAR office. Please call 434-392-9995 to process the credit/debit card transaction.

South Central Association of Realtors uses the Supra ActiveKEYs and Supra Lockboxes. Please visit the SCAR office at 201 N. Main Street, Suite 1104, Farmville to obtain a new or replacement key and/or lockbox.

I have read the MLS Rules and Regulations and the Bylaws of the South Central Association and agree to abide by them.

Principle Brokers Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN THIS APPLICATION, ALONG WITH YOUR PAYMENT TO THE ADDRESS BELOW. THANK YOU!**

*For internal use only:*

Date Received by SCAR: \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed by: \_\_\_\_\_

South Central Association of REALTORS®  
P.O. Box 302, Farmville, VA 23901  
Phone:(434) 392-9995 Fax:(434) 392-5809  
Email: [scar\\_ae@embarqmail.com](mailto:scar_ae@embarqmail.com)  
<http://www.usamls.net/southcentral/>

