



WE PUT OUR MEMBERS FIRST

OFFICE TRANSFER FORM

Instructions:

- **Email:** Complete, save, and email the form to info@wsgvar.com.
- **Mail:** Complete, print, mail the form to **WSGVAR – 1039 E. Valley Blvd. #205B, San Gabriel, CA 91776**
- **Fax:** Complete, print, fax the form to WSGVAR at **626-288-7658**

PERSONAL INFORMATION

Name: _____ Member #: _____

e-mail: _____

Member Signature: _____ Date: _____

OLD OFFICE INFORMATION

Broker Name: _____ Office: _____

Address: _____

Phone: _____ Fax: _____

Broker Signature: _____ Date: _____

NEW OFFICE INFORMATION

Broker Name: _____ Office: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Effective Date: _____

I have adequately investigated the above Member and believe him/her to be honest, truthful and of good reputation. I request that he/she be listed under me as a Member.

Broker Signature: _____ Date: _____

FOR ASSOCIATION OFFICE USE ONLY

Date Received: _____ Fee Received: _____ Old Office #: _____ New Office #: _____

Member #: _____ Magic: _____ CRMLS: _____ SUPRA: _____