



JACKSON AREA ASSOCIATION OF REALTORS®

www.JacksonMIHomes.com

505 South Jackson Street, Jackson, MI 49203 ~ Phone: 517-787-6175 ~ Fax: 517-787-2223

Member Transfer Form

NOTE: The authorized signature of the Designated REALTOR® of the incoming and outgoing firms and a \$30 transfer fee payable to JAAR are required for processing.

AGENT'S NAME: (please print) _____ LICENSE #: _____

AGENT'S EMAIL ADDRESS: _____

TRANSFER OUT: The above named agent has transferred out of my office and will be licensed with the office named below.

Effective Date: _____ Firm Name: _____ Firm #: _____

Designated REALTOR® Name: (please print) _____

Designated REALTOR® Signature: _____ Date: _____

TRANSFER IN: The above named agent has transferred into my office and I accept all billing charges for this agent as of the effective date below.

Effective Date: _____ Firm Name: _____ Firm #: _____

Designated REALTOR® Name: (please print) _____

Designated REALTOR® Signature: _____ Date: _____

THE FOLLOWING ITEMS MUST BE DEALT WITH AT TIME OF TRANSFER:

- **AGENT ENTRY CARD:** The signatures above will acknowledge acceptance of Item 9, Broker/Participants responsibility, of the ActiveKEY Sublease Agreement.

KEY #: _____

- **AGENT LOCKBOXES:** Please list below the lockbox #'s that this agent will be transferring to the outgoing Designated REALTOR® (if any). The signature above acknowledges acceptance of each of the keyboxes listed below into the outgoing firm's inventory.

- **AGENT IDX: YES NO** The incoming Designated REALTOR® acknowledges that if this agent participates in IDX that there must be a Agent User Agreement completed. If this form is not completed, the IDX status will be inactivated.