

2650 Parkview Drive, Fort Worth, TX 76102 Phone (817) 336-5165 Fax (817) 870-2863 www.gfwar.org

TRANSFER/TERMINATION FORM

(Separate Form <u>REQUIRED</u> for each member)

Agent Name:	License #:		
Home Address:	City/State:	Zip:	
Cell #:	E-Mail Address:		
Fax #:	Website:		
TRANSFER INFORMA	ATION Please Include a \$30.00 Transfer Fee (Check or 0	Credit Card)	
From (Firm Name):			
To (Firm Name):			
Office Address:	City/State:	_Zip:	
Effective Date of Transfer:	Are you also an MLS member? YES _	NO	
Phone Number to appear in	n MLS listings:		
	d Broker/Office Manager)		
	TERMINATION NOTICE (License returned to Texas Real Estate Commission)		
Effective Date: _			
	Date: nated Broker/Office Manager)		
	ating membership with GFWAR or transferring to another Association ent must be cancelled within five (5) days from the effective date of the		
	PAYMENT INFORMATION		
Card Number:	Expiration Date:		
Amount Paid:	Signature:		
For members	s enrolled in Autopay, check here to use card on	file.	