



CONEJO SIMI MOORPARK ASSOCIATION OF REALTORS®
463 Pennsfield Place, Suite #100
Thousand Oaks, CA 91360
Email: Carla@csmaor.com
Phone: (805) 495-4681

CSMAR MEMBER OFFICE TRANSFER FORM - \$40.00 FEE

Member Name: _____

Member ID: _____

DRE License#: _____

Current Office: _____

New Office Name*: _____

New Office Address: _____

New Email (If Applicable): _____

(Signature of REALTOR® Member)

(Date)

***REALTORS® must update their C.A.R. agent profile in zipForms with their new office information, CSMAR cannot make this change.**

Broker Authorization: I hereby certify the above-named Associate is a member of my office and I accept the responsibility of the Supra Key previously issued to him/her.

(Signature of Designated Broker - New Office)

(Date)

Payment by Credit Card:

I hereby authorize Conejo Simi Moorpark Association of REALTORS® to charge my
___Mastercard ___Visa ___Amex ___Discover for an Office Transfer Fee in the amount of
\$ _____ on Card Number _____

Exp Date: _____ CVC _____ My billing address Zip Code for this credit card is _____.

(Print Name of Card Holder)

(Signature of Card Holder)

(Date)