



7347 – 57<sup>TH</sup> AVENUE  
KENOSHA, WI 53142  
PHONE: (262) 942-0592

**AGENT OFFICE TRANSFER FORM**

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

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

I am transferring my License

From Office: \_\_\_\_\_ Office Code: \_\_\_\_\_

To Office: \_\_\_\_\_ Office Code: \_\_\_\_\_

Address: \_\_\_\_\_ PH: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ FAX: \_\_\_\_\_

Please list any committees that you are serving on: \_\_\_\_\_

\_\_\_\_\_

**Please complete the above and attach the following requested information and sign below:**

\_\_\_\_\_ Transfer fee of \$35.00, payable to SRA

\_\_\_\_\_ Copy of DSPS Employment Form

\_\_\_\_\_ Copy of DSPS Termination Form

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SRA OFFICE USE ONLY:**

RECEIPT: \_\_\_\_\_ DATE: \_\_\_\_\_ CC/CHECK # \_\_\_\_\_

CONSTANT CONTACT: \_\_\_\_\_ EXCEL MEETING ATTENDANCE: \_\_\_\_\_ MLS QB: \_\_\_\_\_ SRA QB \_\_\_\_\_ IMIS \_\_\_\_\_

MLS BILLING \_\_\_\_\_ ANITA EMAIL \_\_\_\_\_ JAN EMAIL \_\_\_\_\_ NANCY EMAIL \_\_\_\_\_ METRO \_\_\_\_\_

MEMBERSHIP TYPE: \_\_\_\_\_

**SOUTHSHORE REALTORS® ASSOCIATION AND SOUTHSORE MLS, INC MARKETING  
CONSENT FORM**

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

**Office Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone #:** (      ) \_\_\_\_\_

**Fax #:** (      ) \_\_\_\_\_

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

I understand that by providing above my mailing address, email address, telephone number(s), and fax number(s), I consent to receive communications sent from the Southshore REALTORS® Association, Inc. and the Southshore MLS, Inc. via U.S. mail, email, telephone or facsimile at those number(s)/location(s).

**Signature:** \_\_\_\_\_

**Please Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_