



 312.803.4900
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REQUEST TO TRANSFER PRIMARY MEMBERSHIP OF AN OFFICE

Today's Date: _____

As of _____ (indicate date of transfer,) please transfer the primary membership of my entire office to the Chicago Association of REALTORS® (C.A.R.)

On that date, please transfer my MLS membership over to C.A.R.

Current Information:

First Name: _____ Last Name _____ C.A.R. ID# _____

MLS Phone: _____ Web Page: <http://www.>_____

E-mail: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Managing Broker Authorized Signature:

Once you have completed the aforementioned forward this for to C.A.R. via:

Upload: <http://www.chicagorealtor.com/upload>

Mail: C.A.R., Member Services Division
430 N. Michigan Ave. 8th Floor
Chicago, IL. 60611

Visit: CAR Central (Open Mon-Fri 8:30am-5:00pm)
CAR West Towns (Open Tues. and Thurs. 9:00am-12noon, 1:00pm-4:00pm)