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TRANSFER TO NEW OFFICE (within LRRA Board)

Attention Member: Complete form and return to LRRA at the address above along with **\$50.00** processing fee.

NRDS	ID #:	_ TODAY'S DATE:	
REALT	OR® NAME:		
PREVI	OUS FIRM:		
NEW F	IRM:		
NEW B	ROKER SIGNATURE:		
PREFE	RRED MAILING ADDRESS:		
CITY/STATE:ZIP:			
(Is this	an address change?Yes orNo)		
PREFE	RRED EMAIL ADDRESS:		
(Is this	an email change? If so, old email:)		
PREFE	RRED PHONE NUMBER: ()		
	FOR OFFICE	USE ONLY	
	Date Received:		
	Date Processed:		
	\$50.00 Fee Paid:		