



200 John James Audubon Parkway, Suite 201 – Amherst, NY 14228
 (716) 636-9000 FAX: (716) 636-9121

SALESPERSON TRANSFER FORM/ADDRESS CHANGES

Member #: _____ Date: _____

Member Name: _____

Supra Subscriber? [] Yes [] No

If yes and you are leaving the business please return all Supra equipment to the BNAR. If not, you will continue being billed for the service.

Email Address: _____

Website Address: _____

- [] License Terminated or Returned to Associate
- [] License Transferred
- [] Email or Website Address Change
- [] Home Address Change

For BNAR use only:

- TSFR TERM
- Rapattoni
- MLXchange
- cc Acct.
- 99999 _____
- NOAF
- Date

To:

Company Name

Company Address

Signature of Designated REALTOR®/Office Manager

Broker Code

From:

Company Name

Company Address

Signature of Designated REALTOR®/Office Manager

Broker Code

Home Address Change: _____
Number, Street

City, State, Zip

Telephone #

THERE ARE NO REFUNDS OF DUES OR FEES

Revised 12/15