

Hemet-San Jacinto
Association of REALTORS®
MLS Subscriber Transfer/Release Form



Agent/Staff Information:

Name: _____

Residence Address: _____

City

State

Zip Code

Home Phone: _____

Cell Phone: _____

E-Mail: _____

_____ Please **DELETE** membership &/or MLS with the HSJAOR for the above agent/staff
(MLS Token must accompany this form to be valid)

Terminating Broker Information:

Firm Name: _____

Broker Name: _____

New Broker Information:

Effective Date: _____

Firm Name: _____

Office Address: _____

City

State

Zip Code

Office #: _____ Office Fax #: _____

Agent Signature: _____ Date: _____

The above licensee has transferred to this office. This authorizes his/her access to the HSJAOR Multiple Listing Service. Further I understand that I am responsible for the agents use or misuse of the service in accordance with the HSJAOR bylaws as well as the content Policy & Procedures.

Broker of Record and/or Manager Signature: _____

Date: _____