



361 Second Street NW
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Phone 828.322.8249
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CVAR TRANSFER REQUEST

NAME: _____ LICENSE #: _____

PREVIOUS FIRM AFFILIATION: _____

NEW FIRM AFFILIATION: _____

NEW FIRM ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ OFFICE FAX: _____ AGENT CELL PHONE: _____

AGENT EMAIL: _____ NEW EMAIL: YES NO

AGENT WEBSITE: _____ NEW WEBSITE: YES NO

SIGNATURE: _____ DATE: _____

EFFECTIVE DATE OF TRANSFER: _____

TRANSFER FEE: \$50.00

CHECK PAYABLE TO: CATAWBA VALLEY ASSOCIATION OF REALTORS® (CVAR)

FOR OFFICE USE ONLY

DATE RECEIVED: _____ SUBSCRIPTION TRANSFERRED DATE: _____

\$50.00 CASH CHECK UPDATE CVAR WEBSITE

MEMBERSHIP DIRECTOR: _____