



ST. CHARLES REALTORS®
Agent Status Change/Transfer Form

TO: Association Membership Department

FAX: 636-946-2621 or email to Membership@StCharlesRealtors.com

DATE: _____

FROM (Name): _____ at OFFICE NAME: _____

OFFICE ADDRESS: _____ OFFICE MLS ID: _____

Please process the following change(s) for the named agent:

AGENT'S NAME: _____

Agent's Information change as follows (new office email, etc):

Name*: _____

Address: _____

Phone: _____

Cell Phone: _____

Email: _____

* As it appears on real estate license per MREC

Add agent to office: transferring from _____ office.

Drop agent from office: transferring to _____ office.

Drop agent as member; license returned to MREC.

Drop agent and place in referral.

** A \$25 transfer fee applies. This fee must be paid prior to the completion of the transfer. Cash or check payment accepted in person or credit card payment as authorized below.

Please use the following credit card for this fee:

Credit Card Number Billing Zip code Exp. Date CVV Code

Name on card Signature

DR/BROKER SIGNATURE: _____

Revised 8/04/2023