



**AACAR**  
ANNE ARUNDEL COUNTY ASSOCIATION OF REALTORS®

**Membership Transfer/Membership Inactivation Form**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

NAR ID \_\_\_\_\_

REAL ESTATE LICENSE # \_\_\_\_\_

NEW FIRM \_\_\_\_\_

FIRM ADDRESS \_\_\_\_\_

NEW E-MAIL \_\_\_\_\_

\_\_\_\_\_ TRANSFERRED FROM \_\_\_\_\_

\_\_\_\_\_ REASON FOR TERMINATION \_\_\_\_\_

\_\_\_\_\_  
NEW BROKER/MANAGER

\_\_\_\_\_  
PREV. BROKER/MANAGER  
(IF AVAILABLE)

\_\_\_\_\_  
MEMBER