



RAPB & BMLS Individual Change/Transfer Form

Questions? Contact us: 561-585-4544 • membership@rapb.com • mlssupport@rapb.com • www.rapb.com/locations

Please use this form if you are a RAPB member and/or BMLS participant/subscriber and would like to change your personal information, you are changing office locations or you are changing companies.

Date: _____ Real Estate or Appraiser License #: SL or BK _____

Section 1:

I am changing my (please select all that apply):

Personal Information Email Address Transferring Reactivate Inactivate

Personal Info

Name: _____

New Name as on License: (Please attach documentation of name change) _____

Home/Mailing Address: _____

Apt. # _____ City: _____ State/Zip: _____

Add/Change an Email Address: _____

Website Address: _____

Add/Change Home #: _____ Fax #: _____

Add/Change Cell Phone #: _____

Office or Company Transfer/Reactivate/Inactivate

Section 2:

I am (please select one):

Same company with a new location Changing to a new company* Reactivating Inactivating

*A \$25 transfer fee applies when you are changing companies UNLESS your previous company has closed. Please fill out page 2 if applicable.

My company closed, please do not charge the transfer fee

Office Information

Office ID #: _____ Name of Broker of Record/Designated REALTOR®: _____

Old Office Name: _____

New Office Name: _____

New Office Address: _____ City: _____

State/Zip: _____ Phone: _____ Fax: _____

Signature _____

Credit Card Authorization Form

Name _____

Member #, NRDS # or License # _____

Office Name _____

Contact Phone # _____ / _____ - _____ Email _____



_____ exp. date _____ Security Code: _____
 American Express always begins with "3," 15 digits in total



_____ exp. date _____ Security Code: _____
 Visa always begins with "4," 16 digits in total



_____ exp. date _____ Security Code: _____
 MasterCard always begins with "5," 16 digits in total



_____ exp. date _____ Security Code: _____
 Discover always begins with "6," 16 digits in total

Authorization Amount: _____

Card Holder Signature: _____

Name on Credit Card (if other than cardholder): _____

Address on Credit Card: _____

RAPB USE	Payment Received in: { } West Palm Beach { } Boca Raton { } Palm Beach Gardens { } Port St Lucie							
	Date Received ____/____/____							
	Received by _____		Membership	R	DR	AF	SP	Secondary
	Application Fee _____	Late Fee _____	Interboard Fee _____		Local Dues _____			
	Affiliate Application _____	Affiliate Local _____	Reinstatement Fee _____		Transfer Fee _____			
	FAR Allocation _____	FR Pro Fee _____	NAR Allocation _____		GBAPB Dues _____			
	RCA/RAPB Dual _____	MLS Only _____	Comments: _____					