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Office change form for current members

Please print all information

Member's Name _____

Member's License# RES/ REB/ RCR _____ Date of Transfer _____

Previous Firm Name _____

Current Firm Name _____

Current Firm Address _____

(Street)

(City)

(State)

(Zip)

Current Office Phone# _____ Cell# _____

Member's Primary email _____

Member's Primary Association

Tri-County GHAR Mid-State Other _____

Required Broker/ Authorized Office Manager Signature

Note: By signing above, the new Broker/ Office Manager accepts the transfer of responsibility of Member's use of the eKey and Lockbox equipment

For office transfer there is a \$25 fee per member

I have enclosed a check (made payable to Tri-County Alliance)

I will charge this on my (circle one) Visa Mastercard

Card# _____ Exp. Date _____

Name on Card _____ Amount _____

Billing Address _____

Cardholder's Signature _____