



186 EAST CENTER ST, MANCHESTER, CT 06040
PHONE: 860 - 646 - 2450
EMAIL: OFFICE@TRI-COUNTYALLIANCE.COM
WWW.TRI-COUNTYALLIANCE.COM

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 if applicable

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

Card# _____ Exp. Date _____

Name on Card _____ CVV _____

Billing Address _____

Cardholder's Signature _____