		ROANOKE VALLEY ASSOCIATION 4358 Starkey Road Roanoke, VA 24018 Phone: (540) 772-0526 or (800) Fax: (540) 772-8058	
	\$30	TRANSFER	\$30
NAME OF APPLICAN	NT:		
HOME PHONE #:		CELL PHONE #:	
PRESENT HOME ADI	DRESS:		
[CITY]		(STATE)	(ZIP)
UPDATED EMAIL AD	DRESS:		
HAVE YOU	PAID YOUR RVAR	DUES FOR THIS YEAR?	
	oker name:		
LICENSE TRANSFERR FIRM/BR	e ed to: Oker name:		
firm ad	DRESS:		
		(If Branch Office, State Bran	ch Address)
<u>Your Zipform A</u> Zipform Accoui		ce you transfer to a new f New firm.	IRM, YOU WILL HAVE A NEW
SIGNED:(Applicant)		*This ard Received Amount Date:	,
	(Broker)		
Supra Key.	If paying by Cr	edit Card, please provide the foll	this application will be provided to MLS and owing information: Billing Zip Code
			3 Digit Code: (on back of card near signature)
	(Visa/MC/Disco	over/AMEX]	(on back of card near signature)
Payments to the Roa		ntion of REALTORS® are not deductible be deductible as an ordinary and necessa	e as charitable contributions. Such payments ry business expense.

Revised, April 2019