

Merger of CORE Association of REALTORS® and Metro Centre Association of REALTORS®

REALTOR® Member Transfer Form

Member Information:		
Name:		
Home Address:		
City:	State:	Zip Code:
Cell Phone #:		
E-Mail:		
NJ Real Estate License #:		
Office Information:		
Office Transferring From:		
Office Transferring To:		
Transfer Date:		
Designated REALTOR® Name:		
Member Signature:		Date:
Designated REALTOR® Signature:		Date:

Please submit to Membership@MidJerseyAoR.com for processing.

(Revised 4/2024)