



MEMBERSHIP TERMINATION REQUEST

I am requesting to terminate my membership and the selected services.

Name: _____

Member Number: _____

Firm Name: _____

Firm Number: _____

Reason for termination/withdrawal: _____

Agent Signature: _____ **Date:** _____

Broker Signature*: _____ **Date:** _____

** Broker Signature is **REQUIRED** for this form to be valid.*

*** Broker must remove licensee from DRE when this form is completed ***

Indicate services to terminate (only those selected will be cancelled):

CDAR | MLS | SUPRA | COMM