

Notice of Membership Termination

NAME OF LICENSEE: _____ GCAAR MEM # _____

OFFICE NAME: _____

HOME ADDRESS OF LICENSEE: _____

Has the license been returned to the Real Commission to be placed on inactive status or transferred to a referral company?

Yes. (This information will be verified with the Real Estate Commission; membership cannot be terminated if the license is still active.)

License # _____ Date Sent to Commission _____

License # _____ Date Sent to Commission _____

License # _____ Date Sent to Commission _____

No. My primary association is now _____

Signature - Terminating Agent (if available)

Print Name

Signature - Broker, Designated REALTOR®/Office Manager

Print Name

This entire form must be completed in order to process the termination. Thank you.