

NOTICE OF MEMBERSHIP TERMINATION

Please complete this form to terminate an Associate, Associate Broker, Broker or Brokerage from the Central Alberta REALTORS® Association. PLEASE NOTE: Upon termination of Membership, applicable MATRIX™ accounts will be made inactive and auto emails terminated.

TERMINATION OF: (CHECK ONE)

ASSOCIATE ASSOCIATE BROKER BROKER BROKERAGE AFFILIATE

ASSOCIATE/ASSOCIATE BROKER/BROKER/AFFILIATE INFORMATION:

LAST NAME:

FIRST NAME:

PHONE NUMBER:

EMAIL:

HOME ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

LENGTH OF TIME EMPLOYED BY MEMBER FIRM REPORTING:

FROM:

TO:

BROKERAGE INFORMATION:

NAME OF BROKERAGE:

PHONE NUMBER:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PLEASE BE ADVISED, IN ACCORDANCE WITH THE SUPPLEMENTARY RULE 13.3, IF NOTICE OF TERMINATION IS NOT RECEIVED BY THE ASSOCIATION ON OR BEFORE THE END OF THE MONTH, THE MEMBER WILL BE BILLED FOR THE FOLLOWING MONTH MEMBER SERVICE FEES.

SIGNATURE OF BROKER

DATE: