



MISSION STATEMENT: A Lakeshore Association dedicated to the growth of Real Estate Professionals and the future of their communities. 12916 168th Ave. Grand Haven, MI 49417 PH: (616)846-6240 www.WMLAR.com

Today's Date _____

Effective Date of Change _____

RETURN COMPLETED APPLICATION TO ERIN@WMLAR.COM

REALTOR® Membership TERMINATION Form

The purpose of this form is to request a change in the records of the West Michigan Lakeshore Association of REALTORS® (membership/MLS). It is not intended to be used in conjunction with the Department of Licensing and Regulatory Affairs (licensure). Changes will not be made if form is submitted incomplete. If the form as submitted is incomplete, it will be returned for completion to the person/firm that submitted it. ***All transfers must be reported by the 25th of ANY month to ensure proper billing of MLS services***

Name _____ License Number _____
(As shown on your license) Type: Broker Salesperson Appraiser

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOB _____ Email: _____

Preferred Phone (____) _____ [] Cell [] Landline Permission to Text? [] Yes [] No

Languages Spoken (other than English) _____

TERMINATION IN WMLAR RECORDS

*****The DR may still be responsible for outstanding membership dues amounts for non-members, regardless of termination, INCLUDING ACTIVE KEY LEASE & KEYBOXES*****

By completing the following, you are reporting that the above-named individual is no longer licensed with the broker and/or affiliated as an employee or independent contractor, and is not currently transferring to another firm on record with WMLAR, and should be inactivated in WMLAR MLS.

*Please check **at least one** to describe the above-named individual's **LICENSE STATUS**, which may be confirmed with the Department of Licensing and Regulatory Affairs:

Inactive/Sent back to Dept of Licensing and Regulatory Affairs

Inactive/Other _____

Active/Transferred to broker who is not on record w/WMLAR

Active/Other _____

Active/Licensed as an Appraiser, but no longer affiliated as an employee or independent contractor

FIRM NAME/BRANCH _____

NAME OF DESIGNATED REALTOR® _____

DESIGNATED REALTOR® SIGNATURE _____

Required