

## Termination Form

A former member has one year to reinstate. After one year, application as a new member (including application fee is required).

Reinstatement Fees (when reinstating with the same firm):	1 - 6 Days - \$25	7 - 90 Days - \$200	91 - 365 Days - \$220
Reinstatement Fees (when reinstating with a different firm):	1 - 30 Days - \$25	31 - 90 Days - \$200	91 - 365 Days - \$220

\*Reinstatement fees do not apply to affiliates

### Current Membership Type:

- |                                  |                                 |  |                                 |
|----------------------------------|---------------------------------|--|---------------------------------|
| <input type="radio"/> Broker     | <input type="radio"/> REALTOR®  | <input type="radio"/> Non-Member Salesperson | <input type="radio"/> MLS Only  |
| <input type="radio"/> Board Only | <input type="radio"/> Secondary | <input type="radio"/> Senior                 | <input type="radio"/> Affiliate |

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

New E-Mail: \_\_\_\_\_

Terminating Office Name: \_\_\_\_\_ Broker Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Signature is Required For All Terminations

**Brokers/DR: Please check one of the boxes below:**

I have sent the terminated agent's license back to the Michigan Department of Licensing and Regulatory Affairs.

I intend to send the terminated agent's license back to the Michigan Department of Licensing and Regulatory Affairs within five (5) days in accordance with Section 339.2507 of the State's Occupational Code.

Terminating MLS participation, agent has subscribed to MLS services thru \_\_\_\_\_ MLS.

Attached verification of MLS participation

Primary Board for Membership will be with: \_\_\_\_\_ Board

Attached verification of membership if other than AAABoR

The terminated agent will remain with this office as a Non-Member Salesperson. A Non-Member Salesperson Application must be completed if this option is marked. Visit [www.AAABoR.com](http://www.AAABoR.com) for membership forms.

Broker/DR Signature: \_\_\_\_\_

Printed Broker/DR Name: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Affiliate Signature: \_\_\_\_\_

Printed Affiliate Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AAABOR OFFICE USE ONLY**

**Revised March 2015**

Date Received: _____	Date Effective: _____	Processed by: _____	Card Term: _____
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