

CVAR RESIGNATION FORM

I,	OF INDIVIDUAL (PLEASE PRINT)	Name of Firm (Please I	PRINT)
	IGER WISH TO RETAIN MEMBERS		EY ASSOCIATION
OF REA	LTORS®, INC.		
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SIGNATURE OF INDIVIDUAL		DATE	
	FOR OFFICE USE ONLY		
	DATE RECEIVED		
	MEMBER FILE PROCESSED		
	ONFIRMATION MEMBER WAS IN GOOD STANDING AT TIME OF RESIGNATION		
	VERIFICATION SIGNATURE		