

SEVERANCE FORM

<u>TERMINATED A</u>	AGENT INFORMATION		
AGENT ID # (ML	_S #):	_	
AGENT NAME: _			
DRE LICENSE ‡	£:		
<u>TERMINATING</u>	OFFICE INFORMATION		
FIRM #:			
FIRM NAME:			
FIRM ADDRESS	S:		
	CITY	STATE	ZIP
	CENSEE IS NO LONGER A	FFILIATED WITH TH	IIS OFFICE EFFECTIVE:
DATE	_		
BROKER OF RECOR	D OR AUTHORIZED SIGNATURE		DATE
BROKER OF RECORI	D NAME		DATE

PLEASE NOTE THAT THIS WILL TERMINATE MEMBERSHIP IN THE NORTH SAN DIEGO COUNTY ASSOCIATION OF REALTORS® AS WELL AS MEMBERSHIP IN MLS. Email to: membership@nsdcrealtors.com