



SOUTHLAND REGIONAL
ASSOCIATION OF REALTORS® INC.



SEVERANCE

When a Responsible REALTOR® severs a Licensee from his firm, this form must be submitted to the Association not later than 7 days after such severance.

Membership # _____

(Please type or print)

Name of Licensee is severed: _____

Home Address of Licensee: _____

Phone Number: _____ Social Security #: _____

Real Estate License #: _____

Severed Licensee:

REALTOR-ASSOCIATE®

- Licensee has been informed that their Electronic Supercard and Password will be de-activated upon processing of this paper work in accordance with Association/MLS rules.
- Licensee has been informed that the Association has a buy back policy for the Electronic Supercard.

The above licensee has been severed from my firm and the license has been removed from my premises.

Date _____ Responsible REALTOR®'s Signature _____

Firm Name: _____

Firm Number: _____