



JACKSON AREA ASSOCIATION OF REALTORS®

www.JacksonMIHomes.com

505 South Jackson Street, Jackson, MI 49203 ~ Phone: 517-787-6175 ~ Fax: 517-787-2223

REALTOR® Member Resignation Form

Agent's Name (please print) _____

License Number 6501 - _____

(Check One Only) REALTOR® _____ Designated REALTOR® _____ Non-Member _____

The above named agent has resigned from my Firm # _____ effective _____ (date)

The resigned member's license and pocket card were sent to the Michigan Department of Commerce, Licensing and Regulation Division on _____ (date)

NOTE: The lockboxes assigned to this agent must be accounted for. For a complete list of lockboxes assigned to this agent, contact the JAAR office. If the Broker/Agents do not return the lockboxes, the Jackson Area Association of REALTORS® will bill \$70 (or current replacement cost) per unreturned lockbox through the Broker/Participant's billing statements. Billing will identify the Broker or Agent responsible per the signed lockbox agreement.

NOTE: I have personally accounted for the member's multiple listing supplies. I have made arrangements with the Jackson Multiple Listing Service to cancel any extra book orders.

Firm Name (please print) _____

Designated REALTOR® Name (please print) _____

Designated REALTOR® Signature _____ Date _____
(signature required)

NOTE: The resignation of an agent is accepted by the Association only with written authorized notification. The above signature must be that of the Designated REALTOR®. As staff finalizes the procedures of this resignation, you should know that all active and pending listings belonging to this member will be transferred to the Designated REALTOR®.