

Membership Termination, Transfer, and Inactivation form

NA					
Member Information					
Mem	ber Name				
NRDS #		License # (if applicable)			
Curre	Current Office Name				
Office Address					
Broker/ DR Name					
	☐ Termination – Remove member from office. Complete section 1.				
Select One	Transfer – Change member office affiliation. There is a \$25.00 transfer fee assessed by WCAR. Complete section 2.				
Selec	Inactivation – Cancel membership. Complete section 3.				
	☐ Other Member Changes – All membership transfers complete section 4.				
Sect	ion 1 – Termination (Broker/DR only)				
(initial) As the Broker/ DR responsible for the above-mentioned office, I hereby notify the West Central Association of REALTORS® and MLS that effective (date), the above referenced member is no longer affiliated with my firm and the member's license has been updated with the Michigan Licensing and Regulatory Affairs (LARA). The WCAR and MLS services for the member will be inactivated. Use this area to request a change in the records of WCAR (membership/MLS). Changes will not be made if area information is incomplete. If the information is incomplete, no changes will be made and the form will be returned for completion. The form is not intended to be used for the Department of Licensing and Regulatory Affairs (LARA) Services. *The broker/ DR may still be responsible for outstanding membership dues amounts for non-members, regardless of termination, including SentriLock keybox leases. * Termination Reason:					
Brok	er/ DR Signature		Date		
Sect	ion 2 – Transfer				
(initial) As the Broker/ DR responsible for the below referenced office, I understand and accept responsibility for the above referenced member and the member's responsibilities to comply with the bylaws, policies, procedures, rules and regulations of the Local, State and National Association of REALTORS® and the WCAR MLS. I certify the member's license has been updated with the Michigan Licensing and Regulatory Affairs (LARA) and all membership dues and services fees are current. I understand the West Central Association of REALTORS® assesses a \$25.00 non-refundable fee on all membership office transfers beginning January 1, 2020. All transfers must be reported by the 15th of ANY month to ensure proper billing of MLS services.					
New Office Name					
Office Address					
Mem	ber Signature		Date		
Brok	er/ DR Signature		Date		
Trans	sfer Office Broker Signature		Date		
Section 3 – Inactivation (Member Request)					
(initial) I hereby wish to inactivate my membership in the following organization(s):					
□w	☐ West Central Association of REALTORS® ☐ All WCAR Services				





I understand that all services associated with the above referenced organizations will be inactivated and additional fees, including, but not limited to reinstatement and unpaid dues and fees, may be assessed if I rejoin at another time. I acknowledge that if I am a Broker/ DR of the office, all members in the office will be inactivated and that appropriate updates have been made to Michigan Licensing and Regulatory Affairs (LARA).

Allairs (LAKA).
Section 4- Other Member Changes:
Office Address:
Office Name:
Old Address:
New Address:
Member Address:
Member Name:
Old Address:
New Address:
Email Address:
Office Email:
Office Name:
Member Email:
Phone Number:
Office Phone:
Member Phone:
Other:
CAR Office Use Only: Flex Growthzone SentriLock Group Email QuickBooks Received by Date pactivated members with on-market and pending MLS listings will be transferred to the Broker/ DR or withdrawn from the MLS if the nactivating member is the Broker/ DR. No listing changes will be made for members transferring to another office unless a listing transfer equest is submitted.
MLS # Address



* Please note: Only active, active with contingencies and pending listings can be transferred

I authorize to release listing(s) listed above to:		
New Office Name		
New Broker/DR Name		
Listing Broker Name		
Print Previous Broker/DR Name Releasing Listing(s)		
Signature Previous Broker/DR Name Releasing Listing(s)	Date	

Phone: 231-796-3640

Email: wcar@westcentralaor.org