



Membership Cancellation Form

Agent Information:

Name: _____ Date: _____

Cal DRE #: _____ Cell: _____

Email: _____

Member Signature: _____

Cancel Membership*

Supra eKey Service

Reason for canceling:

Transferring associations/boards: _____
(Name of new association/board)

**If you have listings to transfer to your new Association, you will need to obtain a CRMLS Transfer Form

Leaving the business

Moving out of the County

***Current Broker Signature:** _____ **Date:** _____

****Please also send a copy of the CRMLS Member Transfer Form.**

Send to membership@rsaor.com or FAX to 562.860.5536