

MEMBERSHIP CANCELLATION FORM

Ph: 951.735.5121 | Fax: 951.735.0335 | www.tigar.org

SEND COMPLETED FORM TO: MEMBERSHIP@TIGAR.ORG

MEMBER INFORM	ATION
First Name:	Last Name:
Office Name :	
Contact Phone #:_	M1/NRDS # :
Select the membersl	nips you wish to cancel below:
REALTOR®	*Cancelling CRMLS will automatically cancel your SUPRA services. Leased lockboxes will need to be returned. A \$50 fee is applied upon reactivation of SUPRA ekey services. SUPRA ONLY *If transferring associations please contact us to have your ekey and purchased lockboxes transferred to your new association. A \$50 fee is applied upon reactivation of SUPRA ekey services.
Please select and exp	plain your reason for cancelling your membership(s):
I am no long	ger going to be a REALTOR®. Please explain (leaving the business, financial hardship, opting out of service, etc).
I am transfe	erring to another association. Please list the association you are transferring to and the reason.
MEMBER RESPONSI	BILITY CHECKLIST
The following must k	pe completed (if applicable) to ensure cancellation proceeds properly.
	Remove DRE License from current brokerage.
	Return all leased lockboxes to the TIGAR office.
	If transferring to another association:
	Request a Letter of Good Standing from TIGAR.
	If you have listings to transfer to the new Association, please request a CRMLS Transfer Form from membership@tigar.org.
understand that I am membership dues paid	ree that I am cancelling my membership with The Inland Gateway Association of REALTORS®. I responsible for any outstanding balances owed to the Association and will not be refunded any if to the Association. I also understand any CRMLS fees paid will not be transferred to another inded. I understand that cancelling my membership will result in immediate loss of membership inications.
Signature:	Date: