

RAPV MEMBERSHIP FORM

DROP FORM



225 PARK AVE, 4TH FLOOR
WEST SPRINGFIELD, MA 01089
(413) 785-1328

RAPV Drop Form

This form is to be completed by the **Designated REALTOR®** or **Office Manager** when requesting the removal of an affiliated licensee from the broker's roster with the Association.

Broker / Office Information

Brokerage Name: _____

Office Address: _____

Designated REALTOR® (DR) Name: _____

Broker Email: _____

Dropped Member

Member Name: _____

Effective Date of Removal

Requested Removal Date: _____

Reason for Removal (check one)

- Transferred to another member office
- Transferred to a non-member office
- Moved away (residence out of area)
- Terminated
- Left real estate to pursue another career path
- Retired from the industry
- Other (please explain): _____

Broker Acknowledgment & Certification

I have completed the separate MLS Subscriber Information Form and submitted to membership@mlspin.com to inform them of this dropped subscriber

By signing below, I certify that I am the Designated REALTOR® (broker) for the office listed above and the member named above is no longer affiliated with my brokerage as of the effective date listed.

DR Signature: _____

Printed Name: _____

Date: _____

Please return completed form to Mandy Sherman, Director of Membership
mandy@rapv.com