



## OFFICE CANCELLATION NOTICE

Date: \_\_\_\_\_ Office Name: \_\_\_\_\_

Designated Broker Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CBA Office ID # \_\_\_\_\_

Please cancel/suspend our membership effective \_\_\_\_\_ (cannot be a date earlier than the date returned to CBA). I understand we may reinstate our membership for \$50.00 if within six (6) months of cancellation or \$175.00 if within one (1) year of cancellation. After one (1) year, full initiation fees will be applicable.

**NOTE:** If canceling an individual broker(s) **only**, please fill out the **Broker Roster** form located on our website at [www.commercialmls.com](http://www.commercialmls.com); go to the "Membership" Tab and click on "Membership Applications" for the Broker Roster form.

Reason for cancellation:

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Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name & Title: \_\_\_\_\_

Return completed form to: [memberservices@commercialmls.com](mailto:memberservices@commercialmls.com)  
Allow up to 24 hours for processing, business days only.

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