



OFFICE CANCELLATION NOTICE

Date: _____ Office Name: _____

Responsible Member: _____

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). Also note that all outstanding invoices must be paid in full. I understand we may reinstate our membership for \$50.00 if within six (6) months of cancellation or \$75.00 if within one (1) year of cancellation. After one (1) year, full initiation fees will be applicable.

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

Reason for cancellation:

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Authorized by: _____ Date: _____

Please Print Name & Title: _____

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

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LYNNWOOD, WA 98036
OFFICE (425) 820-3348
TOLL FREE: 1 (800) 275-2522