



RESIGNATION FORM



Phone: 704-940-3110 Fax: 980-556-7803

Email: membership@canopyrealtors.com

SECTION I

I hereby resign from (please check applicable)

- Canopy Realtor® Association (*Complete Section II*)
- Canopy MLS (*Complete Sections III & IV*)

Reason for Resignation (*Please check all that apply*)

- Moving out of the area
- Health reasons
- Financial reasons
- Lack of professional support
- Lack of family support
- Lack of managerial support
- Other (please detail) _____

Were you in the business full time or part time? _____

SECTION II – ASSOCIATION REQUEST TO DISCONTINUE

With this form, I am requesting to discontinue my membership with the **Canopy Realtor® Association**. I acknowledge and understand that in the event I re-apply for membership **within one (1) year** of the resignation date listed below, my membership will be *reinstated* with a \$50 reinstatement fee plus the current year annual dues and I will NOT be required to complete the New Member Orientation. Should I re-apply for membership **after one (1) year** from my effective resignation date, I will be required to complete the necessary New Member Orientation and will be required to pay all *new applicant* fees.

Further, I acknowledge and understand that, if I am completely discontinuing *any* association membership to the National Association of REALTORS®, I relinquish the use of the NAR trademark designation "REALTOR®".

Name (Print) Member/MLS Login ID

Signature License #

Company/Firm Date of Resignation

Fees subject to change based on current Board of Director's approved association fees/dues.

SECTION III With this form, I am requesting to discontinue with the **Canopy MLS**.
(Please indicate applicable Canopy MLS status type):

- Member Participant (head-of-firm, discontinuing *Firm*) _____
- Subscriber (licensee, previous firm affiliation) _____

I acknowledge and understand that in the event I re-apply to the Canopy MLS **within one (1) year** of the resignation date listed below, my MLS access will be re-instated, I will have a re-instatement fee of \$50 plus the current quarterly fees and I will NOT be required to complete the Canopy MLS New Member Orientation. If re-instating a Firm with the Canopy MLS, there will also be a \$250 Firm Reactivation Fee.

Should I re-apply **after one (1) year** from my resignation date, I will be required to complete the necessary Canopy MLS New Member Orientation and be required to pay all *new applicant* fees. To re-establish a firm, the \$600 firm initiation fee will also be applicable. Further, with my resignation from the Canopy MLS, I relinquish any and all access to the MLS system.

I ALSO UNDERSTAND THAT ANY COMING SOON-NO SHOW, ACTIVE AND TEMPORARILY OFF MARKET LISTINGS REMAINING IN THE MLS AT THE TIME OF MY RESIGNATION WILL BE WITHDRAWN BY THE MLS.

Name (Print) Member/MLS Login ID

Signature Date of Resignation

Fees subject to change based on current Board of Director's approved Canopy MLS fees.

SECTION IV – EXIT CHECKLIST All those resigning from the Canopy MLS must complete this Exit Checklist.

1. I currently have listings in the Canopy MLS: ____ Yes* ____ No
*If yes, please indicate if those listings have been transferred to another agent or withdrawn:

2. I have removed the lockboxes that I or my company owns from individual properties:
____ Yes* ____ No ____ N/A
*If yes, company-owned lockboxes must be returned to the firm;
for individually-owned lockboxes, you have the option to:
 - a. Sell back to the Association/Canopy MLS. If you choose this option, please bring to the association / Canopy MLS offices.
 - b. Sell to another agent. If you choose this option, you must complete a *Supra Lockbox Transfer form* and submit to Member Services.
3. Supra Keyholders
 - Supra eKEY (smartphone app): I understand that, if I have not previously cancelled my eKEY service with the Association/Canopy MLS, staff will automatically discontinue this service per this membership resignation.
4. In the event you are due a Canopy MLS and/or Supra Key quarterly refund necessary to be processed via a check, please indicate your current mailing address (please allow 2-3 weeks):

Street/PO Box City State Zip