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MLSCV RESIGNATION FORM

DELETE SERVICE REQUEST MUST BE SUBMITTED TO THE MLS OFFICE PRIOR TO THE MONTHLY DELETE DATE. DATES AVAILABLE ON CVAR CALENDAR WWW.CATAWBAVALLEYREALTORS.COM/CALENDAR/

FORM MUST BE PROPERLY EXECUTED AND SIGNED BY THE MEMBER PARTICIPANT

OFFICE AFFILIATION TERMINATION MUST BE SUBMITTED TO NC REAL ESTATE COMMISSION OR MLS WAIVER MUST BE REQUESTED

DELETE MLS SERVICE (MUST HAVE MEMBER PARTICIPANT SIGNATURE TO PROCESS)

WITH THIS FORM, I AM REQUESTING TO DISCONTINUE MEMBERSHIP WITH THE MLS OF CATAWBA VALLEY, INC.

SUBSCRIBER NAME: _____
LAST FIRST MI REAL ESTATE LICENSE #

OFFICE NAME: _____

DO YOU CURRENTLY HAVE ACTIVE/PENDING LISTINGS IN MATRIX? YES NO

IF YES, PLEASE INDICATE WHICH LISTINGS HAVE BEEN TRANSFERRED TO ANOTHER AGENT OR WITHDRAWN: _____

BY SIGNING BELOW, I ALSO UNDERSTAND THAT ANY ACTIVE AND AVAILABLE (RENTAL) LISTINGS REMAINING IN THE MLS AT THE TIME OF MY RESIGNATION WILL BE WITHDRAWN BY THE MLS,

DO YOU CURRENTLY SUBSCRIBE TO SUPRA EKEY? YES NO

ARE YOU CURRENTLY A MEMBER OF A TEAM? YES NO

SUBSCRIBER SIGNATURE: _____ DATE: _____

I, THE MEMBER PARTICIPANT, ALLOW SUBSCRIBER TO DISCONTINUE MLS SERVICE ON THE MONTHLY DELETE DATE UNLESS OTHERWISE REQUESTED BELOW (EFFECTIVE DATE).

AGENT DOES NOT WANT TO CONTINUE MLSCV MEMBERSHIP

AGENT IS NO LONGER AFFILIATED WITH THIS OFFICE

EFFECTIVE DATE: _____

MEMBER PARTICIPANT NAME: _____

MEMBER PARTICIPANT SIGNATURE: _____ DATE: _____

For Office Use Only

DATE RECEIVED: _____

DATE DELETED: _____