



CVAR RESIGNATION FORM

I,	OF INDIVIDUAL (PLEASE PRINT)		NAME OF FIF	RM (PLEASE PRINT	·)
	GER WISH TO RETAIN M		THE CATAW	BA VALLEY A	SSOCIATION
OF REA	LTORS®, INC.				
≭ SIGNATUI	RE OF INDIVIDUAL		DATE		_
	FOR OFFICE USE ONLY				
	DATE RECEIVED				
	MEMBER FILE PROCESSED				
	CONFIRMATION MEMBER WAS IN GOOD STANDING AT TIME OF RESIGNATION				
	VERIFICATION SIGNATURE				