

CANCELLATION OF **AFFILIATE** MEMBERSHIP

This shall notify the Loveland-Berthoud Association of REALTORS® that the person listed below has cancelled his/her membership.

Name: _____

Office: _____

Date: ____/____/____

Association use only:

Effective Date: ____/____/____ *Reason for cancelling:* _____

NM4: _____

Board of Directors: _____

Affiliate Roster: _____

Affiliate List: _____

Website Roster: _____

Email: _____