



Agent Disaffiliation Form

This form is to be used to disaffiliate an agent from a company. Please allow 1-2 business days for agent to be removed from your office roster.

Please Note –Designated REALTOR®/Participant/ Office Manager signature is required

Please submit this disaffiliation form by email to membership@marthasvineyardmls.com or mail to:

Cape Cod and Islands Association of REALTORS®, Inc.,
Attention: MVMLS Membership
22 Mid-Tech Drive
West Yarmouth, MA 02673

Effective Date: _____

Agent Information		
First Name:	Last Name:	MI:
License #:	Member/U #:	
Company Information		
Company Name:	Company Phone:	
Address:		
City:	State:	Zip:

Please Choose One:

- This agent's listings will remain with the office listed above and transferred to the Brokers MLS account.
- This agent's listings will remain with the agent and transferred to their new office.

By signing below, I confirm the agent listed above is no longer affiliated with my office and will be removed from my MVMLS office roster. I understand it is my responsibility to notify the State of Massachusetts when a licensee is no longer affiliated with my office.

DR®/Participant/OM Name: _____

DR®/Participant/OM Signature: _____