

For GMMLS Staff Use Only:					
Firm #					
Date: By:					

RELEASE OF OFFICE

Attn: Membership

Fax to: Fax to: 214-637-5951 Dallas or 817-796-5421 Grapevine (Submit a separate form for each office location if a multi-location firm)

Effective Date:					
FROM: Participant (Designated REALTOR of FIRM) or Authorized Representative					
Name of Firm:					
Street Address:					
Stree	et Address	City	State	Zip Code	
(Print Name)		(Signature Required)		Office Code	
□ Participant will remain associated with this firm as an associate. Attach a <u>Status Report</u> signed by the New Designated REALTOR®					
□ Participant will be a broker associate with a new firm. Attach a <u>Status Report</u> signed By the New Designated REALTOR®					
☐ Participant will inactivate membership. Attach a signed <i>Resignation Form</i> .					
□ Participant will open a new office. Attach an <u>Office Information Form</u> . For each agent who will be transferring to your new office, attach a completed <u>Status Report</u> .					
obligation of thi	is firm, and all Keyl	R of FIRM). Participant assum coxes issued to this firm. Subrath will not be assumed.			
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	TR	ANSFER OF MLS DATA		By	
In the event of a change in MLS Participant, all historical data and MLS listings will automatically transfer to the new Participant.					
(Print Name)		(Signature Required)		Office Code	