

Kansas City Regional Association of REALTORS® Membership Inactivation Form

Phone: 913-661-1600 Email: membership@kcrar.com

HEARTLAND MLS HEARTLAND MLS DEACTIVATION ONLY: I wish to deactivate the Heartland MLS access of an agent who is transferring from my office to another office. AGENT FIRST NAME:_____ AGENT LAST NAME:_____ Agent MLS ID: _____ Office MLS ID: _____ Deactivation Effective Date: _____ Broker Signature REALTOR MEMBERSHIP & SUPRA DEACTIVATION (licensee must complete and sign this portion if applicable): I am inactivating my license(s) with the Kansas Real Estate Commission and/or the Missouri Real Estate Commission. ____I am placing my license(s) in a Limited Function Referral Office (LFRO) with the Kansas Real Estate Commission and/or the Missouri Real Estate Commission. Please complete the following section in its entirety: AGENT FIRST NAME: _____ AGENT LAST NAME: _____ Phone: _____ Email Address: _____ KS License # MLS AGENT ID: IF TRANSFERRING TO REFERRAL: Referral Company Name: ______ I understand that by putting my license inactive or with a referral company (please check each box): Upon the inactivation of my membership, I will discontinue the use of the term "REALTOR®" and will not indicate or imply that I am a member of KCRAR, the Kansas and/or Missouri Associations of REALTORS®, and the National Association of REALTORS®. I must return all lockboxes that have been allocated or leased to me by KCRAR or I will incur a \$100.00 penalty for each lockbox. I must also return any Display Key equipment I have in my possession and know that my Supra Key services will be terminated. My Heartland MLS access will also be terminated, and I am no longer eligible for Heartland MLS access, as long as my license is inactive or in referral status. Should I wish to reactive my license and join KCRAR, I must re-apply and will be subject to paying application fees. I understand that if I have falsified my license status on this form and my license is still active with any Broker that is a member of KCRAR, my Broker will be assessed for my local, state, and national membership dues. Designated REALTOR® (Broker) Signature: ______ Date: _____

Member Signature:

Date: