SOUTHWESTERN MICHIGAN ASSOCIATION OF REALTORS REAL ESTATE INFORMATION SYSTEM

INACTIVE AND TRANSFER FORM

Inactive			_ of	
	(Member Name)			(Office Name)
placed his/h	ner license as inactive o	n		
	date)	-		
	date)			
		on		
(Broker Signature)		. • <u></u>		(Office Name)
Transfer _		fro	m	
	(Member Name)			(Office Name)
				_ on
	(Office Name)			(date)
ail Addrass				