



FREDERICK
COUNTY
ASSOCIATION OF
REALTORS®

Frederick County Association of REALTORS® Affiliate Notice of Termination

Name of affiliate: _____

Date of termination: _____

Office/company name: _____

Home address of affiliate: _____

Signature of terminating affiliate (if available)

Signature of office manager

Printed name of office manager

Date: _____

<p>For FCAR Staff</p> <p>Member #: _____</p> <p>NRDS #: _____</p> <p>Date Processed: _____</p>
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(Revised 1/23)

