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Membership Form



BROKER OF RECORD PROPERTY RELEASE

I, _____ of _____
Broker Name (Print or type) Office Name

release this property to _____
Office Name

Listing agent: _____

MLS#: _____

Property Address: _____
Street number and name

_____ City State Zip

Effective Date: _____

Signature: _____
Broker of Record for this property Date

Office Use Only

Date: _____ Approval Signature: _____