



**ANN ARBOR AREA  
BOARD OF REALTORS®**

# Inactivation Form

1919 W. Stadium Blvd., Ann Arbor, MI 48103

Phone: (734) 761 – 7340 | Fax: (734) 747 – 7377

Email: [realtors@AAABoR.com](mailto:realtors@AAABoR.com) | Website: [www.AAABoR.com](http://www.AAABoR.com)

*A former member has one year to reinstate. After one year, application as a new member (including application fee is required).*

**Reinstatement Fees:**

*(When Reinstating with the Same Firm)*

1 - 6 Days - \$25

7 - 90 Days - \$200

91 - 365 Days - \$220/230

**Reinstatement Fees:**

*(When Reinstating with a Different Firm)*

1 - 30 Days - \$25

31 - 90 Days - \$200

91 - 365 Days - \$220/230

**Current Membership Type:**

Broker

MLS Only

Lifetime

REALTOR

Board Only

\*Affiliate

Non-Member Salesperson

Secondary

*\*Reinstatement fees do not apply to affiliates.*

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Real Estate License #: \_\_\_\_\_

New E-Mail: \_\_\_\_\_

Inactivating Office Name: \_\_\_\_\_ Broker Code: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature is Required for All Inactivations**

Brokers/DR: Please check one of the boxes below:

- I have sent the inactivated agent's license back to the Michigan Department of Licensing and Regulatory Affairs.
- I intend to send the inactivated agent's license back to the Michigan Department of Licensing and Regulatory Affairs within five (5) days in accordance with Section 339.2507 of the State's Occupational Code.
- Inactivating MLS participation, agent has subscribed to MLS services thru \_\_\_\_\_ MLS.  
Attached verification of MLS participation: \_\_\_\_\_  
Primary Board for Membership will be with: \_\_\_\_\_ Board  
*\*Attached verification of membership if other than AAABoR*
- The inactivated agent will remain with this office as a Non-Member Salesperson. A Non-Member Salesperson Application must be completed if this option is marked. Visit [www.AAABoR.com](http://www.AAABoR.com) for membership forms.

**Broker Name** (Please enter or PRINT): \_\_\_\_\_

Broker/DR Signature: \_\_\_\_\_ Date \_\_\_\_\_

**OR Affiliate Name** (Please enter or PRINT): \_\_\_\_\_

Affiliate Signature: \_\_\_\_\_ Date \_\_\_\_\_

<p><b>For AAABoR Office Use Only:</b>    Card Term: _____</p> <p><b>Date Received:</b> _____ <b>Date Effective:</b> _____ <b>Date Processed:</b> _____</p>
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