



MEMBER ADMINISTRATIVE ASSISTANT

I am aware of the policy to notify membership should my Member Administrative Assistant leave my employ and/or become licensed with RECO within 48 business hours, also that I am responsible for any outstanding monthly Member Assistant fees on my account as it is non-refundable.

I hereby give notice of cancellation of access for	the following Member Administrative Assistant:	
(please prin	t first and last name)	
Name of Member they are registered to:		
Signature of Member:	Date:	