Please send completed form by fax or email to:
21720 Red Rum Drive, #177, Ashburn, VA 20147
P: 703.777.2468 F: 703.771.9787

MemberSvc@dullesarea.com

www.dullesarea.com



To be completed by DAAR Staff:
NRDS ID#:
Date Entered:

Member Record Change Form

Member Information

Member Name:			
RFΔ	LTOR® Office Change Informa	tion (Company Change)	
		e a DAAR member, if DAAR is your prima	ry association
•	-		•
New Firm Name:			
New Firm Name:New Firm Address:			
		New Firm Fax:	
New Email Address:			
Effective Date of Transfer:			
REQUIRED Signature of Principal/Managing Broker		Date	
DAAR will notify NA	AR and VAR, but you must contact	MRIS directly to notify them of the change	
	Applicant Primary Conta	ct Preferences	
Mailing Address: Home Office _		ce Home Office Home	_
N	lember Name and/or Address	S Change Information	
Member Name Change (Former Name)	:		
Member Name Change (New Name): _			
New Home Address:			
New Home Phone:	New Home Office:	New Cell:	
New Email Address:			
New Web Address:			
	Momber Termination	Information	
Member Termination Information eason for Termination: Termination Effective Date:			
Going on referral	'	ermination Effective Date.	
Leaving the business			
Leaving the area			
_	ssociation: Which association:		
-	<u>-</u>		
Reason for transfer:			
New broker is not a DAAR mer			
More convenient office location			
Services and benefits I don't g			
Taking advantage of transfer s	•		
Other (Please specify)			
Do you have a Sentricard® (lockbox ko	ey card) with DAAR?	YESNO	
Member Signature		Date	