

Member Record Change Form

Agent Name: _____ Date: _____

Agent's E-Mail Address _____

REQUIRED NAR NRDS# OR VA Real Estate License #: _____

Termination (To be completed by broker/manager of firm agent is leaving)

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Broker Name: _____

Broker Signature (REQUIRED): _____

Reason for Termination: License Returned to DPOR: Inactive or Referral
 Transfer to New Firm Leaving Area or Industry Deceased Other

Transfer (To be completed by broker/manager of new firm)

New Office Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Broker Name: _____

Broker Signature (REQUIRED): _____

Return Completed Forms via Fax to 703-771-9787 or send via email to

MemberSvc@dullesarea.com

For Office Use

Date Change Taken: _____ **By User:** _____