



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

REALTOR® Membership Application

Membership Type: Designated REALTOR® /Broker Primary REALTOR® Secondary REALTOR®

Name (as it appears on VA RE License): _____

Nickname: _____

VA Real Estate License #: _____ Expiration Date: _____

Company Name: _____

Company Address: _____

Company Phone: _____ Company Direct: _____ Fax: _____

Home Address: _____

Home Phone: _____ Home Office: _____ Cell: _____

Email: _____

URL Address: _____ Home Fax: _____

Preferred Contact Address: Home Office Preferred Phone Number: Office Cell Home

Are you or have you been a member of another REALTOR® Association? Yes No

If yes, when and where: _____

If known, please list your National Membership Number (NRDS) _____

Reason for selecting DAAR _____

METHOD OF PAYMENT

Please charge my Visa Mastercard American Express Discover \$_____ Amount \$_____ RPAC

Number: _____ CSV # _____

Expiration date _____ Cardholder's Signature _____

Billing Address: Home Office Check # _____

APPLICANT AGREEMENT

I, (APPLICANT NAME) _____, hereby apply for REALTOR® membership in the Dulles Area Association of REALTORS® (DAAR) and enclose my check or credit card authorization for fees as applicable, which I understand will be returned to me in the event I am not accepted to membership. **In the event my application is approved, I agree as a condition of membership to complete the New Member Ethics and Orientation class. I understand I am required to complete this course within 180 days of the date of application. Failure to do so may result in termination of my membership and additional fees for subsequent reinstatement.**

Additionally, on my own initiative, I will thoroughly familiarize myself with NAR's Code of Ethics and Arbitration Manual, Constitution, and Bylaws as well as the rules and regulations of DAAR, Virginia REALTORS®, and NAR. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Association and duty to arbitrate, which may be amended from time to time without notice to me. Finally, I consent and authorize DAAR, through its volunteer leadership or otherwise, to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not defamation of character.

I further understand and agree that by providing phone numbers and an e-mail address above, I hereby consent to receive phone calls, text messages, and other electronic communication sent by or on behalf of DAAR.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon the applicant's verification that he/she will submit to the decision of the Hearing Panel or if applicant resigns or is expelled from membership without having complied with an award in an arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award plus any costs that have been previously established as due and payable, in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied. Finally, applicant acknowledges that readmission as a Member may be contingent upon satisfaction of any outstanding debts that the Member incurred during a prior membership.

Signature of Applicant

Date

BROKER AGREEMENT

I, (PRINCIPAL/MANAGING BROKER) _____, of (FIRM) _____

do certify that (APPLICANT) _____ is a duly licensed sales person associate broker or broker with this firm (check one). **I understand that should the applicant not be approved for membership in the Association or fails to meet the requirements of such membership, he/she will have the status of a non-member licensee and I will be billed weighted dues for non-member licensees associated with my firm.** In the event the applicant's membership is rejected or terminated, I will ensure that he/she will not use the term REALTOR®.

Signature of Principal/Managing Broker

Date

Please send completed form by email or fax to:
MemberSvc@dullesarea.com FAX: 703.771.9787