

# Member Record Change Form

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent Name Change: \_\_\_\_\_  
Agent Email Address: \_\_\_\_\_

**REQUIRED** NAR NRDS# **OR** VA Real Estate License #: \_\_\_\_\_

Member Signature: \_\_\_\_\_

## Termination of DAAR Membership

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

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

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Broker Signature \_\_\_\_\_

(REQUIRED): \_\_\_\_\_

## Broker Office Transfer

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

New Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Broker Name: \_\_\_\_\_

New Broker Signature \_\_\_\_\_

(REQUIRED): \_\_\_\_\_

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

**[MemberSvc@dullesarea.com](mailto:MemberSvc@dullesarea.com)**

