



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

Member Record Change Form

Agent Name: _____ Date: _____

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

Updated Member Info

(To be completed by member)

Firm Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Brokerage Name: _____

Broker Office Transfer Change Info

(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): _____

Member Signature: _____

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

MemberSvc@dullesarea.com