



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

Secondary REALTOR® Membership Application

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

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

Nickname: _____ Gender: _____ DOB: ____/____/____

VA Real Estate License #: _____ Expiration Date: _____

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Company Phone: _____ Company Direct: _____ Fax: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Home Office: _____ Cell: _____

Email: _____

URL Address: _____ Home Fax: _____

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

My current REALTOR® Association is: _____

Reason for Selecting DAAR _____

METHOD OF PAYMENT - Please charge my:

Visa Mastercard American Express Discover \$ _____ Amount

Number: _____ CSV # _____

Expiration date _____ Cardholder's Signature _____

Billing Address: Home Office Check # _____

Please call DAAR for Secondary Membership Fees

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

Mail to: 21720 Red Rum Drive, #177,
 Ashburn VA 20147