



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

Member Termination Form

Agent Name:		Date:		
REQUIRED NAR NRDS# OR VA Real E	state License #:	_		
Termina	ation of DA	AR Membership)	
(To be signe	d by broker/manag	ger of firm agent is leaving)	
Reason for Termination:	L	icense 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):				
I understand that by putting my lie				
	Upon the inactivation of my membership, I will discontinue the use of the term "REALTOR®" and will not indicate or imply that I am a member of DAAR, Virginia REALTORS and the National Association of REALTORS®.			
	My Bright MLS access will also be terminated, and I am no longer eligible for Bright MLS access, as long as my license is inactive or in referral status.			
	My SentriLock account will be terminated. I will no longer have access to SentriLock boxes and will no longer be approved to show houses.			
	Should I wish to reactive my license and join DAAR, I must re-apply and will be subject to paying application fees.			
	I understand that if I have falsified my license status on this form and my license is still active with any Broker that is a member of DAAR, my Broker will be assessed for my local, state, and national membership dues.			
Member Signature:				

Return Completed Forms via Fax to 703-771-9787 or send via email to <u>MemberSvc@dullesarea.com</u>