



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

## Transferring Member Application

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Membership Type:  Designated REALTOR® / Broker  REALTOR®

Name (as it appears on VA RE License): \_\_\_\_\_ Gender: \_\_\_\_\_

Name (as you want it to appear on DAAR website): \_\_\_\_\_ 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: \_\_\_\_\_ Personal Fax: \_\_\_\_\_

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

Would you like to “opt-in” to receive DAAR announcements via text messaging?  Yes  No

My prior REALTOR® Association was: \_\_\_\_\_

National Association of REALTORS® Members First (M1)# \_\_\_\_\_

**Members First (M1)**, is the new member engagement system that replaced NRDS

Reason for Selecting DAAR \_\_\_\_\_

**NOTE: Your Principal or Managing Broker must be a member of DAAR for you to make DAAR your primary association. Please attach a Letter of Good Standing from your prior association.**

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### METHOD OF PAYMENT

Please charge my  Visa  Mastercard  American Express  Discover \$ \_\_\_\_\_ Amount

Number: \_\_\_\_\_

Expiration date \_\_\_\_\_ Cardholder’s Signature \_\_\_\_\_

Billing Address:  Home  Office Check # \_\_\_\_\_

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**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, VAR 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.

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Signature of Applicant

Date

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**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®.

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Signature of Principal/Managing Broker

Date

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**Please send completed form by email or fax to:**  
**[MemberSvc@dullesarea.com](mailto:MemberSvc@dullesarea.com) FAX: 703.771.9787**

<b>Mail to:</b> 21720 Red Rum Drive, #177 Ashburn VA 20147
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