



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

Member Record Change Form

Agent Name: _____ Date: _____

Agent Email: _____

REQUIRED NAR M1# **OR** VA Real Estate License #: _____

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

Member Info Change

(To be completed by member)

Agent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name Change: _____

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