



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: \_\_\_\_\_

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

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

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

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

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](mailto:MemberSvc@dullesarea.com) FAX: 703.771.9787

**Mail to:** 540 Fort Evans Rd. NE Suite  
300 Leesburg, VA 20176