



To be completed by DAAR Staff:

ID#: _____

Date Entered: _____

Transferring Member Application

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.

METHOD OF PAYMENT

Please charge my ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover \$ _____ Amount

Number: _____

Expiration date _____ Cardholder's Signature _____

Billing Address: ☐ Home ☐ Office Check # _____

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.

Signature of Applicant

Date

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®.

Signature of Principal/Managing Broker

Date

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

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