



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](mailto:MemberSvc@dullesarea.com)**