



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

Member Record Change Form

Agent Name: _		Date:	
Agent Email:			
EQUIRED NAR M1#	OR VA Real Estate Li	cense #:	
Members First	(M1), is the new memb	er engagement sys	stem that replaced NRDS
	Member 1	nfo Change	9
	(To be comple	eted by member)	
Agent Address:			
			Zip:
City:			
Phone: _		Fax:	
Phone: _ Name Change: _		Fax:	
Phone: _		Fax:	
Phone: _		Fax:	
Phone: _ Name Change: _		Fax:	
Phone: Name Change: Broke	er Office Tra	ansfer Ch	ange Info
Phone: Name Change: Broke		ansfer Ch	ange Info
Phone: Name Change: Broke	er Office Tra	ansfer Ch	nange Info
Phone: Name Change: Broke New Office Name:	er Office Tra	ansfer Ch	nange Info
Phone: Name Change: Broke New Office Name: Address:	er Office Tra (To be completed by br	ansfer Ch	nange Info
Phone: Name Change: Broke New Office Name: Address: City:	er Office Tra	ansfer Ch	nange Info
Phone: Name Change: Broke New Office Name: Address: City:	er Office Tra	State: Fax:	nange Info
Phone: Name Change: Broke New Office Name: Address: City: Phone	er Office Tra	State: Fax:	nange Info
Phone: Name Change: Broke New Office Name: Address: City: Phone New Broker Name: New Broker Signature	er Office Tra	State: Fax:	nange Info

Return Completed Forms via Fax to 703-771-9787 or send via email to MemberSvc@dullesarea.com