

# Member Information Form

Board Name: \_\_\_\_\_

Date: \_\_\_\_\_

**To report all New/Reactivating members and information changes**

**\*\*\*THIS FORM MUST BE FILLED OUT COMPLETELY FROM LOCAL BOARDS WHERE AAR IS REPORTING AS THEIR POE\*\*\***

Please check one:    ADD \_\_\_\_\_

CHANGE \_\_\_\_\_

Board Transfer  
From \_\_\_\_\_

\*Effective Date \_\_\_\_\_

\*Dues will be calculated based on the join date of member

Designated REALTOR® \_\_\_\_\_

REALTOR® \_\_\_\_\_

Affiliate \_\_\_\_\_

REALTOR® Associate \_\_\_\_\_

Salesperson \_\_\_\_\_

Institute Affiliate \_\_\_\_\_

Primary or Secondary member: \_\_\_\_\_

If Secondary, Primary Board Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Nick Name \_\_\_\_\_

NRDS # \_\_\_\_\_

License# \_\_\_\_\_

Office Name: \_\_\_\_\_

Mark this box if new company

Office Address \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax # \_\_\_\_\_

(area code)

**\*\*\*MANDATORY INFORMATION FOR STATE AND NATIONAL RECORDS - MUST BE FILLED OUT - NO EXCEPTIONS!\*\*\***

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_

Home Zip Code: \_\_\_\_\_

Home Phone Number: (include area code) \_\_\_\_\_

Cell Number: (include area code) \_\_\_\_\_

Email Address: \_\_\_\_\_ Office email if personal not available: \_\_\_\_\_

Preferred Mailing address:    Home \_\_\_\_\_    Office \_\_\_\_\_    Other \_\_\_\_\_

Preferred Phone:    Home \_\_\_\_\_    Office \_\_\_\_\_    Cell \_\_\_\_\_