

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 _____