

**NORTHERN NECK ASSOCIATION OF REALTORS  
VIRGINIA ASSOCIATION OF REALTORS  
NATIONAL ASSOCIATION OF REALTORS**

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**MEMBERSHIP APPLICATION**

Please fill in all applicable spaces and if completing manually, please print clearly. If your information changes it is your responsibility to contact your primary local Association office with the corrected information. Incorrect information could result in fines and/or penalties.

**First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**Nick Name** \_\_\_\_\_ **Generation(Jr., Sr., III, etc.)** \_\_\_\_\_ **Gender(F/M)** \_\_\_\_\_

**R. E. License Number** \_\_\_\_\_ **NRDS ID #** \_\_\_\_\_

**Office Name** \_\_\_\_\_

**Physical/Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Agent Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**e-mail Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Office Phone** \_\_\_\_\_ **Office Fax** \_\_\_\_\_

**Personal Fax** \_\_\_\_\_

**Preferred Mail: Home** \_\_\_\_\_ **Office** \_\_\_\_\_ **Preferred Fax: Office** \_\_\_\_\_ **Home** \_\_\_\_\_

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