



# Northern Neck Association of Realtors, Inc.

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## Instructions

- This form is designed to be completed either electronically or by hand. To fill out electronically place the cursor over required area and click. Type in your information. Once you have completed typing in your information print the form. To complete manually, print the form and complete.



Northern Neck Association of Realtors  
Virginia Association of Realtors  
National Association of Realtors

(804) 333-1819 | Fax (804) 333-1820 | nnar@rivnet.net

**Membership Application**

Please fill in all applicable spaces and if filling in by hand please print clearly. If your information changes, it is your responsibility to contact your local association office with corrected information. Incorrect information could result in fines or penalties.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Generation: (Jr., Sr., III, etc.) \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ R. E. License Number: \_\_\_\_\_

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

**Office Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Office Mailing Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Phone Numbers**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Personal Fax: \_\_\_\_\_

Do you wish to receive mailings?  Yes  No

Preferred Mailing Location:  Home  Office

Preferred Fax:  Home  Office