

NVAR Member Change Form

Agent Name: _____ Date: _____

REQUIRED NAR NRDS# **OR** VA Real Estate License #: _____

Personal Information Updates

Previous Name: _____

New Name: _____

New Home Address: _____

City: _____ State: _____ Zip: _____

New Home Phone: _____ Cell Phone: _____

Email: _____ Personal Fax# _____

Termination (To be completed by broker/manager of firm agent is leaving)

Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Broker Name: _____ Broker Code: _____

Broker Signature (REQUIRED) _____

Reason for Termination: License Returned to DPOR: Inactive or Referral
 Transfer to New Firm Leaving Area or Industry Deceased Other

Transfer (To be completed by broker/manager of new firm)

New Office Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Broker Name: _____ Broker Code: _____

Broker Signature (REQUIRED): _____

Return Completed Forms via Fax to 703-207-3275

For Office Use

Date Change Taken: _____ **By User:** _____