

Delaware Association of REALTORS®

APPLICATION FOR DAR DIRECT / SECONDARY MEMBERSHIIP

Please complete this application ONLY if you are currently a primary member of another State Association and wish to apply for SECONDARY Membership in the Delaware Association of REALTORS®.

PLEASE PRINT

				
NAME:				
(first)		(last)		
COMPANY NAME:				
COMPANY ADDRESS:				
CITY:		STATE:	ZIP:	
PHONE:	F/	AX:		
EMAIL:	ı	NRDS#:		
DE License #				
Which LOCAL REALTOR® Board,	$^\prime$ Association do you currer	tly hold membership in	?	
Which STATE REALTOR® Board	/ Association do you currer	ntly hold membership in	?	
SIGNATURE		DATE		
*DAR Secondary Dues: \$200 រុ	per Year/per Member and	are pro-rated monthly f	or First Time Memberships:	
Jan- \$200.00	Apr- \$150.03	Jul- \$100.02	Oct- \$50.01	
Feb- \$183.33	May- \$133.36	Aug- \$83.35	Nov- \$33.34	
Mar- \$166.70	Jun- \$116.20	Sep- \$66.68	Dec- \$16.67	

PLEASE SEND COMPLETED FORM AND/OR DIRECT ALL QUESTIONS TO: INFO@DELAWAREREALTOR.COM

*amount subject to change

IMPORTANT: Please remember membership is on an **individual** basis, not by company. The DAR Forms are strictly limited to DAR REALTOR® members only. Download and unauthorized use by the public and licensees who are NOT members of DAR is prohibited. Unauthorized use of any DAR Forms could result in legal action up to and including a copyright infringement lawsuit. DAR, its staff, and membership are not liable for any claims arising from such unauthorized use.



Return this completed form with payment to:

Delaware Association of REALTORS® 134 E. Water Street, Dover, DE 19901

or email to info@delawarerealtor.com

I, THE BELOW STATED CREDIT CAP ACCOUNT:	RD HOLDER, AM AUTHOR	RIZING THE FOLLOWI	NG CHARGE TO	MY CREDIT CARD	
TOTAL AMOUNT DUE (to be processed via credit card):				\$	
Name:					
Company:					
Preferred Mailing Address:	State:	7:			
City:	State	zip:	_ Phone #: ()	
My NRDS Number is	number following an R and	Your Real d			
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