



Delaware Association of REALTORS®

APPLICATION FOR DAR DIRECT / SECONDARY MEMBERSHIP

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:

FAX:

EMAIL:

NRDS#:

DE License #

Which LOCAL REALTOR® Board/ Association do you currently hold membership in ?

Which STATE REALTOR® Board/ Association do you currently hold membership in ?

SIGNATURE

DATE

DAR Secondary Dues: \$190 per Year/per Member and are pro-rated monthly for First Time Memberships:

Jan- \$190.00

Apr- \$142.50

Jul- \$95.00

Oct- \$47.50

Feb- \$174.17

May- \$126.67

Aug- \$79.17

Nov- \$31.67

Mar- \$158.33

Jun- \$110.83

Sep- \$63.33

Dec- \$15.83

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

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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.
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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 CARD HOLDER, AM AUTHORIZING THE FOLLOWING CHARGE TO MY CREDIT CARD ACCOUNT:

TOTAL AMOUNT DUE (to be processed via credit card): \$ _____

Name: _____

Company: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____

My NRDS Number is _____ Your NRDS number is located on your REALTOR® Magazine label and membership card.

My Real Estate License # is _____ Your Real Estate License Number is issued by the State of Delaware. It is an 8-digit number following an R and can be located at dpr.delaware.gov by clicking on Verify License on the left side of the page.

PAYMENT

Check One: Check enclosed (**payable to: Delaware Association of Realtors®**)
MasterCard Visa Discover AMEX

Credit Card Holder Name: _____

Credit Card #: _____ Exp. Date: _____/_____/_____

Billing Address: _____

City: _____ State: _____ Zip: _____

CVV2# _____ Signature of Credit Card Holder: _____

I also understand that in the event my credit card is declined for payment, I will be responsible to provide updated credit card information, or other form of payment.