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MEMBER NEW OFFICE FORM

Attention Member: Complete form and return to LRRA at the address, fax or email listed above along with the New Office/Member dues.

TODAY'S DATE: _____ LICENSE #: _____ NRDS#:_____

AGENT NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PREFERRED MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PREFERRED EMAIL ADDRESS: _____

BUSINESS PHONE NUMBER: (____) _____ BUSINESS FAX NUMBER: (____) _____

TYPE OF BUSINESS: _____ RESIDENTIAL _____ COMMERCIAL _____ APPRAISER

SIGNATURE & DATE: _____

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

\$500 Local Admin Fee: _____