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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:** \_\_\_\_\_