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MEMBER REACTIVATION FORM

Past member returning to active status

NRDS ID #: _____ TODAY'S DATE: _____

REALTOR® NAME: _____

COMPANY : _____

(Is this a different company from when you went inactive? __ Yes or __ No. If yes, please indicate previous company associated with) _____

PREFERRED MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

(Is this an address change? ____ Yes or ____ No)

PREFERRED EMAIL ADDRESS: _____

(Is this an email change? If so, old email:) _____

PREFERRED PHONE NUMBER: (_____) _____

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Fee Paid: _____