

SECONDARY MEMBER FORM

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

TODAY'S DATE: _____ NRDS #: _____

LICENSEE: _____

OFFICE NAME: _____

PRINCIPLE BROKER: _____

PREFERRED MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PREFERRED EMAIL ADDRESS: _____

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

CELL PHONE: (____) _____ LICENSE NO: _____

PRIMARY BOARD: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Fee: \$125 + Local Dues _____