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SECONDARY STATE MEMBER

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 #: _____

NAME: _____

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: _____

**Please contact office for correct amount. A secondary state member pays the joining fees for the local & state board plus the current months' dues. The national dues are paid with the primary board.*

PLEASE MAKE CHECK PAYABLE TO: LITTLE ROCK REALTORS ASSOCIATION