

Integrity, Networking, Cooperation, & Mutual Trust

## **Membership Application**

Fax to: (858) 715-8088 or E-mail to Accounting@sdar.com www.crasd.com

INFORMATION ABOUT YOU				
Licensed as: ☐ SDAR REALTOR® ☐ Local Affiliate	Current Member #			
First Name	Middle Initial	Last Name		
Home Address				
City		Sta	ate	Zip
Home PhoneFax		Ce	II	
E-mail	Web Address			
OFFICE INFORMATION				
Office Name:  Not to exceed 30 characters including spaces				
Office Address:				Suite:
City:		Sta	nte:	Zip:
Office Phone:	Fax	κ:		
REALTOR® Association Affiliation:				
PREFERRED MAILING ADDRESS: □ HOME □ OFFICE	PREF	ERRED BILLING ME	THOD: DE-M	AIL PAPER
How did you hear about CRAsp? ☐ Broker ☐ Welcome L	Letter ☐ Fellow age	nt	Internet	1 Other
If you were referred by a current CRASD / SDAR member, please I	ist name:			
Signature			Date	
Note: Two-course education/orientation	is required within 6 r	nonths of applicat	ion date for fu	ıll membership
MEMBERSHIP DUES SCHEDULE	FEES CAN BE	CHARGED	<u>ΓΟ</u> :	
INDIVIDUAL MEMBERSHIP  □ CRASD Membership (non-SDAR member)\$100  □ SDAR Members\$50	□By checking this	box, I authorize th	is credit card	□Check (made out to SDAR) to be used for auto-renewal
AFFILIATE MEMBERSHIP  □ CRASD Local Affiliate Membership\$175				
Application dues are non-refundable (Dues subject to proration)				unt:



## **Return to Accounting Department**

Commercial Real Estate Alliance of San Diego • 4845 Ronson Court, San Diego, CA 92111

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