



Membership Application

Fax to: (858) 715-8088 or Email to tandrews@sdar.com
www.crasd.com

INFORMATION ABOUT YOU

Are you a member of: SDAR CCIM IREM SIOR Land Institute Other: _____

If SDAR Member, please provide your SDAR Member #: _____

First Name _____ Middle Initial _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Preferred E-Mail _____

(E-Mail address that you would like to receive communications from us)

OFFICE INFORMATION

Company Name _____

Office Address _____

City _____ State _____ Zip _____

Office Phone _____ Fax _____

Preferred Address Home Work

PROFESSIONAL INFORMATION

Are you a Real Estate Broker/Agent Leasing Real Estate Broker/Agent Sales Developer Property Manager
 Other _____

What is your specialty? Apartments Industrial Investment Land Office Retail

Hospitality No specialty

MEMBERSHIP DUES

SDAR Members\$50

CRASD Membership\$100
(non-SDAR Members)

Student Membership*FREE

*Please provide the following with application:

Major, School Name, Year in School and
Graduation Date

PAYMENT INFORMATION

Visa MasterCard Discover AmEx Check (Make check out to SDAR)

By checking this box, I authorize this credit card to be used for auto renewal

Name on Card: _____

Card #: _____

Expiration Date: _____ Amount: _____

Signature: _____

a division of



Return to CRASD

Commercial Real Estate Alliance of San Diego • 4845 Ronson Court, San Diego, CA 92111
Phone: (858) 715-8000 • Fax: (858) 715-8088 • tandrews@sdar.com • www.crasd.com

