



2019

# Membership Application

Fax to: (858) 715-8088 or Email to [tandrews@sdar.com](mailto:tandrews@sdar.com)

[www.crasd.com](http://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 .....\$100

CRASD Membership .....\$150  
(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: \_\_\_\_\_

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### Return to CRASD

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