

Membership Application

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

INFORMATION ABOUT YOU											
I am	a member of:	□SDAR	□ CCIM	□IREM	□SIOR	□La	and Institu	ute Other:			
If you are an SDAR Member, please provide your SDAR Member #:									DRE #:		
First Name: Middle Initial: Last Name								Last Name:			
Hom	e Address:										
City:									State:		Zip:
Hom	e Phone:					Cel	Il Phone:				
Preferred E-Mail:											
OFFICE INFORMATION											
Offic	e Name:										
Offic	e Address:										
Suite	:										
City:									State:		Zip:
Offic	e Phone:						Fax:_				
PRE	FERRED ADDRE	SS: □HOM	E □OFF	CE							
PROFESSIONAL INFORMATION											
I am a: ☐ Real Estate Broker/Agent Leasing ☐ Real Estate Broker/Agent Sales ☐ Developer ☐ Property Manager ☐ Other											
My s	pecialty is: DAp	partments	□ Industrial	□ Investme	ent □La	and	☐ Office	☐ Retail	☐ Hospitality		No Speciality
ME	EMBERS	HIP DU	ES SCI	HEDUL	E						
	CRASD Mem	nbership (no	on-SDAR m	ember): \$15	0		SDAR	Membersh	ip: \$100		Student Membership: Free (Please provide: Major, School Name, Year in School, Graduation Date)
Mail application and payment to CRASD at address below, or fax/e-mail application and call (858) 715-8004 to make a secure credit card payment.											
(Dues are non-refundable and subject to proration)											







