

**Telluride Association of REALTORS®**  
**PO Box 2485**  
**Telluride, CO 81435**  
**970-728-5172 phone 970-728-5270 fax**  
**Affiliate Membership Application**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Cell: \_\_\_\_\_

Designated Member: \_\_\_\_\_

General information regarding your business or service (for descriptive use on TAR Website).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that, if accepted for membership in the Telluride Association of REALTORS®, I shall pay the fees and dues as from time to time established by the Board of Directors. I am aware that the Affiliate Membership does not entitle me to the use of the term REALTOR®; the use of the imprint of the seal of the national Association of REALTORS® or the right to vote or hold office in the Telluride Association of REALTORS®. Pursuant to current Association Bylaws, the Telluride Association of Realtors® Board of Directors has the authority to determine, in its sole and absolute discretion what rights and privileges Affiliate Members have.

Signed: \_\_\_\_\_

(owner or manager)

Enclose check for \$50.00 application fee and \$150.00 (\$75.00 = 50% off after July 1st) yearly membership dues.