

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 1, 2017) yearly membership dues.