

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. Companies can only be affiliates if they do not qualify for REALTOR or MLS Membership.

Signed: _____

(owner or manager)

Enclose check or CC can be Invoiced for \$50.00 application fee and \$200.00 (\$100.00 = 50% off after July 1st) yearly membership dues.