

Please complete the application and submit it with payment to the Pagosa Springs Area Association of REALTORS® (PSAAR) office. You may send a check to the office to avoid credit card transaction fees.

Your membership entitles you to a number of benefits that present your company to the REALTOR® members of PSAAR including: membership rosters, sponsorship opportunities and participation in membership-only events such as luncheons and our Annual Installation.

| Affiliate Annual Du | ies for January – De | cember 2025 | \$ | 300.00 | |
|--|---|---|----------------|--|--|
| Total Due - Pro-rat | r | \$ | | | |
| Affilia | | gosa Springs Area Assn. of ary – December 2025 | REALTOR | S [®] | |
| 3/4 annual dues (f 1/2 annual dues (f | | | | \$300.00 \$225.00 \$150.00 \$ 75.00 | |
| Area Association of pay the membersh | of REALTORS® as nip dues either via cl | embership as an Affiliate Membership as an Affiliate Membership anb eck or online payment. | | | |
| | d appear in the ros | ter: | | | |
| Company Name | | | Contact Person | | |
| Address | | | | | |
| Mailing Address (i | f different from abov | e) | | | |
| Telephone | Fax | Cell | E-m | ail address | |

I hereby certify the foregoing information furnished by me is true and correct and I agree failure to provide complete and accurate information as requested or any misstatement of fact shall be grounds for revocation of my membership, if granted. I

| Signed:Date: | agree, if accepted established. | for | Membership | in | PSAAR, | I | shall | pay | the | fees | and | dues | as |
|--------------|---------------------------------|-----|------------|-------|--------|---|-------|-----|-----|------|-----|------|----|
| | Signed: | | | Date: | | | | | | | | | |