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AFFILIATE MEMBER APPLICATION

I hereby apply for Affiliate Membership to the Pacific Southwest Association of REALTORS®. I irrevocably waive all claims against the Pacific Southwest Association of REALTORS® or any of its officers, directors, or members for any act in connection with the business of the Association and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as a member. Upon the expiration of said membership to any case. I will return to the Association all certificates, signs, seals, or other indications of membership in the Association and the California Association of REALTORS®.

AFFILIATE INFORMATION

Name (as it should appear on Roster):

Name of Company:

Address:

(Street)

(City)

(State)

(Zip Code)

Phone Number:

Additional Phone:

Fax Number:

Email:

Credit Card Payment Information

Fees are not refundable and non-transferable

VISA

MasterCard

American Express

Discover

Name on Card:

Amount to be charged:

Credit Card #

Exp. Date:

Security Code:

Billing Address:

City:

State:

Zip:

Applicant Signature:

Date signed: