

**2008 New Mexico Chapter CRS
Council Of Residential Specialist**



**Membership Application For New Mexico Chapter CRS
State Chapter Dues \$35/Year**

CRS ID Number _____

NAR NRDS ID Number _____

Last 4 Digits Social Security Number _____ **Birthday (optional)** _____

Full Name _____

Address _____

City/State _____ **Zip** _____

Home Phone _____ **Business Phone** _____

Mobile Phone _____ **Email Address** _____

Fax Number _____

Web Address _____

Business Name _____

Business Address _____

City/State _____ **Zip** _____

Payment: Credit Card # _____ **Type** _____

Expiration Date: _____ **Or Check #** _____

Indicate which mailing address to use for correspondence (circle one): Home Business

Your Business Address is featured in your standard directory listing.

Primary Board Affiliation: _____

Additional Designations Held (circle all that apply):

ABR ABRM ALC CCIM CIPS CPM CRB CRE GAA GRI LTG

SIOR SRSE e-PRO Other: _____