



CRS DESIGNATION APPLICATION

Send completed form to:

Remitir el formulario cumplimentado a:

UCI - CRS Spanish Affiliate Partner
Retama 3 – 28045 Madrid – Spain

Tel. 913 375 105
Fax. 911 413 362
e-mail: lobo@uci.es

Please Print or Type (and attach a business card)
Por favor use mayúsculas (y adjunte tarjeta profesional)

Name /Nombre

Member # / nº Miembro

Company / Empresa

- I understand I am only permitted to use and promote the CRS designation to clients and other agents as long as I maintain my membership in good standing in the Council of Residential Specialists, which requires payment of annual dues.
Soy conocedor de que el uso y publicidad de mi designación está supeditada a la pertenencia como miembro de CRS en vigor, estando al corriente de pago de las cuotas anuales
- I am qualified to become designated because I have completed the following requirements that I declare to be
Cumpro los requisitos exigidos para la obtención de la designación al satisfacer los siguientes requerimientos:

CORE REQUIREMENTS.-

REQUISITOS PRINCIPALES

MODULE A.- BUSINESS PLANNING	DATE/FECHA _____	AT/EN _____	↳
MODULE B.- MARKETING	DATE/FECHA _____	AT/EN _____	↳
MODULE C.- NEGOTIATION	DATE/FECHA _____	AT/EN _____	↳
MODULE D.- WORKING WITH CLIENTS	DATE/FECHA _____	AT/EN _____	↳

PRODUCTION REQUIREMENTS

REQUISITOS DE PRODUCCIÓN

For Agents

Number of completed transactions _____
Total amount of sales conducted in \$ _____

Para Comerciales

_____ Total de transacciones realizadas
_____ Total ventas realizadas

For Brokers

Number of supervised transactions _____
Total amount of sales supervised in \$ _____
Years of RE Management experience _____

Para Gerentes

_____ Total de transacciones realizadas
_____ Total ventas realizadas
_____ Total años de experiencia como manager

ELECTIVE REQUIREMENT 4 CREDITS REQUIRED

REQUISITOS OPCIONALES

Attendance at CRS Sell-a-bration _____
Additional CRS Courses at Sell-a-bration _____
Years of experience _____
Bachelors Degree _____
Transnational Referral Certification Program _____
Other Courses Completed _____

_____ Asistencia a Sell-a-bration
_____ Cursos en Sell-a-bration / Inmociónate
_____ Años de experiencia profesional
_____ Titulación Universitaria / Diploma
_____ Programa Transnational Referral de ICREA
_____ Otros cursos realizados

AGREEMENT OF APPLICANT / ACEPTACIÓN DEL TITULAR

In making this application, and in consideration of joining the Council of Residential Specialists, I understand and agree to the following:

Al cumplimentar el presente formulario, con el objeto de solicitar mi Designación al Council of Residential Specialists, entiendo y acepto los siguientes extremos:

- 1. I also understand that once I am awarded the CRS Designation, I must maintain my membership in good standing in the Council of Residential Specialists, including the payment of annual dues, to continue to hold and use the CRS Designation.

Asumo que una vez que me sea concedida la Designación CRS, para mantener mi pertenencia como miembro activo en el Council of Residential Specialists, me comprometo al pago de la cuota anual, para poder seguir usando la citada Designación.

- 2. I irrevocably waive any claim or causal action of law or equity that I may have in the future against the Council of Residential Specialists, its Board of Directors, officers, committee members, chapter members, employees or other persons cooperating with the Council of Residential Specialists either as a group or individuals, for any act or failure to act in conjunction with my membership or the business of the Council of Residential Specialists.

Renuncio de forma irrevocable a cualquier demanda o acción judicial futura contra el Council of Residential Specialists, su Comité de Dirección, sus miembros directivos, los miembros de sus comités, empleados, u otras personas que cooperen con el Council of Residential Specialists ya sea de forma colectiva o individual, por cualquier acción u omisión relacionada con mi pertenencia o con los asuntos propios del Council of Residential Specialists.

- 3. If admitted to membership in the Council, I agree to abide by the Bylaws and Regulations as they currently exist and as they may be amended in the future by the Council, as well as such policies and procedures as the Council of Residential Specialists may promulgate from time to time.

En el caso de ser admitido como miembro de CRS, acepto someterme a las normas y reglamentos actuales de la organización y las modificaciones que en el futuro realice su Consejo, así como las políticas y procedimientos que el Council of Residential Specialists promulgue en su momento.

- 4. I agree to follow the guidelines of the proper usage of all CRS marks and logos in any and all marketing I do that has the CRS marks and logos on it. For proper usage go to: <http://www.crs.com/Resources/82>

Acepto seguir las directrices de uso correcto de las marcas y logotipos de CRS, que aplicaré en todo el material de marketing. Para directrices de uso adecuado ver <http://www.crs.com/Resources/82>

Signature _____ Date _____
 / Firma del candidato ----- / Fecha -----

UCI, ACTING AS SPAIN AFFILIATE PARTNER OF CRS, HAS REVIEWED THE INFORMATION PROVIDED, HAS FOUND IT TRUE TO THE BEST OF ITS KNOWLEDGE, AND RECOMMENDS THAT CRS DESIGNATES

SIGNATURE: _____
DATE: _____
A CERTIFIED RESIDENTIAL SPECIALIST

THE COUNCIL OF RESIDENTIAL SPECIALISTS DESIGNATES

SIGNATURE: _____
DATE: _____
A CERTIFIED RESIDENTIAL SPECIALIST