

Director Candidate Application

PLEASE TYPE OR PRINT; COMPLETE ALL APPLICABLE SPACES.

CONTACT INFO

Name: _____

Real Estate License Number: _____ NRDS: _____

Primary Board Affiliation: _____

Firm/Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone (if different from Cell): _____

PROFESSIONAL INFO

Position with Firm: _____ Number of Years in Profession: _____

Areas of specialization:

Residential Sales Commercial Sales Appraisal Farm and Land Property Management

Commercial Leasing Other (Specify: _____)

Local, State and National REALTOR® Association experience: (Committee Member, Committee Chairman, Director, etc.)

Local Association: _____

State Association: _____

National Association: _____

Other Leadership Positions (include name of organization, position and number of years held): _____

Community Involvement: _____

NAR Professional Designations attained (check all that apply) GRI CRS CRB ABR ABRM CCIM
CRB CRS CRE e-PRO Other (Specify: _____)

Military Service? Yes No If yes, Number of Years: _____

THE ASSOCIATION

What do you see as the primary function of this Association? _____

In your opinion, what are the three most important goals this Association needs to pursue over the next three years?

1. _____

2. _____

3. _____

The position of Director is a three year commitment that requires your attendance at SVAR BOD meetings; VAR legislative and Annual Conferences; NAR mid-year conferences and SVAR social events and membership meetings. Will you be able to devote the time necessary to attend these meetings and carry out the duties and responsibilities required of a member of the Board of Directors of the Southside Virginia Association of REALTORS®? Yes No

By my signature below I certify I am a member in good standing of the Southside Virginia Association of REALTORS®; acknowledge that I have read the job description of the position I have applied for and agree to fulfill the specified duties and responsibilities to the best of my ability if elected.

Signature: _____ Date: ____/____/____

Date Received by SVAR: ____/____/____ Processed by: _____

REQUIRED ATTACHMENTS

1. Photo (professional headshot) must be attached (digital format preferred).
2. An essay of no more than 250 words on "Why I Wish to Serve on the Board."

Deadline for submission: September 1, 2017, no later than 5:00 pm.

Send completed form and all required attachments to the Leadership Development Advocacy Committee (LDAC) at the address below, or email to info@SVAREaltors.com.