

**APPLICATION FOR NOMINATION - IOWA ASSOCIATION OF REALTORS®**

**CANDIDATE FOR OFFICE OF:**

VICE PRESIDENT \_\_\_\_ TREASURER \_\_\_\_\_

REGIONAL VICE PRESIDENT \_\_\_\_\_ STATE DIRECTOR \_\_\_\_\_ RPAC TRUSTEE \_\_\_\_\_

NAME \_\_\_\_\_

BOARD \_\_\_\_\_

FIRM NAME \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

POSITION HELD IN FIRM \_\_\_\_\_

Why do you wish to hold the office you have been recommended for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What State Meetings have you attended in the last three years?

LEGIS/BUS-IN	FEB	20__	20__	20__
SUMMER	JUNE	20__	20__	20__
CONVENTION	SEPT/OCT	20__	20__	20__
WINTER	DECEMBER	20__	20__	20__

Will you attend the four IAR meetings as well as other meetings required of this office for which you are recommended? \_\_\_\_\_

Are you willing to serve in the office you have been recommended for, if elected? \_\_\_\_\_

Are you aware of the responsibilities and time requirements? \_\_\_\_\_

Do you have any problem in the following areas which impair your ability to serve your association?

IF SO EXPLAIN: HEALTH \_\_\_\_\_ FINANCIAL \_\_\_\_\_

Attach additional insert, if needed.

**EDUCATION**

Name of High School \_\_\_\_\_

JR. College / Trade School \_\_\_\_\_

Name of College \_\_\_\_\_

WHAT DEGREES DO YOU HOLD? \_\_\_\_\_

LIST REAL ESTATE DESIGNATIONS YOU HAVE EARNED \_\_\_\_\_

MEMBERSHIP AS REALTOR® # OF YEARS \_\_\_\_\_

NUMBER OF YEARS LICENSED \_\_\_\_\_

LIST OTHER REALTOR® INSTITUTES, SOCIETIES, AND COUNCILS IN WHICH YOU HOLD MEMBERSHIP

HISTORY OF COMMITTEE SERVICE, OFFICES HELD

Previous or Current Licenses in Iowa or other states \_\_\_\_\_

Indicate after each committee or forum, the level served (L-LOCAL) (S-STATE) (N-NATIONAL) (C-CHAIRPERSON) (VC-VICE CHAIRPERSON)

EXECUTIVE COMMITTEE \_\_\_\_\_ APPRAISAL \_\_\_\_\_ BYLAWS \_\_\_\_\_ COMMUNICATIONS \_\_\_\_\_
EDUCATION \_\_\_\_\_ EQUAL OPPORTUNITY \_\_\_\_\_ FINANCE \_\_\_\_\_ LEGISLATIVE \_\_\_\_\_ LEGAL
REFERENCE/RISK MANAGEMENT \_\_\_\_\_ MULTIPLE LISTING \_\_\_\_\_
NON-RESIDENTIAL \_\_\_\_\_ PROFESSIONAL STANDARDS \_\_\_\_\_ STRATEGIC PLANNING \_\_\_\_\_

Other items applicant feels are relevant to this application \_\_\_\_\_

Optional
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ No. of Dependents \_\_\_\_\_
Residence Address \_\_\_\_\_

I, THE UNDERSIGNED, ACKNOWLEDGE THAT I SEEK THE POSITION FOR THE OFFICE OF \_\_\_\_\_ OF THE IOWA ASSOCIATION OF REALTORS® AND AM WILLING TO SERVE, IF ELECTED.

I UNDERSTAND THAT THIS OFFICER REQUIRES THAT I KEEP MYSELF INFORMED OF THE ISSUES FACING THE IOWA ASSOCIATION OF REALTORS®.

I PLEDGE TO REPRESENT THE CONSENSUS OF THESE OPINIONS TO THE BEST OF MY ABILITY. I WILL ALSO UPHOLD AND SUPPORT DECISIONS MADE BY THE IOWA ASSOCIATION OF REALTORS® THROUGH THE EXPRESSED WILL OF THE MAJORITY.

ACTIVITIES IN OTHER PROFESSIONAL ORGANIZATIONS, CHURCH, COMMUNITY AFFAIRS, CIVIC AND COMMUNITY.

Print/Type name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

The Board/Association of REALTORS® support the applicants request for office:

Board Officer \_\_\_\_\_ Board \_\_\_\_\_

Board Secretary \_\_\_\_\_