



OREGON
ASSOCIATION
OF REALTORS®

**NAR DIRECTOR
APPLICATION**

Name _____

Firm Name _____

Address _____

Telephone _____ Fax _____

E-Mail _____

Name of local Board/Association _____

Qualifications

1. **Member of OAR for a minimum of 5 years:** Member since _____(year)

2. **Served as an OAR officer, Executive Committee member or as a state committee or key committee member in the immediate past three years OR have previously served as an NAR Director:**

<i>Officer/Committee/Director</i>	<i>Year</i>
_____	_____
_____	_____
_____	_____

3. **Served as a state director for a minimum of 2 of the immediate past 5 years:**

Years _____

4. **Attended at least 2 NAR meetings in the immediate past 3 years:**

<i>NAR Meeting (Region 12, Mid-Year, Convention)</i>	<i>Year</i>
_____	_____
_____	_____
_____	_____

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I certify that the above information is accurate and verifiable. I have read and understand the campaign rules and agree to abide by them.

Candidate Signature _____ Date _____

(FOR OAR USE ONLY)

Nomination Form Received: Date: _____

Written Statement Received: Date: _____

Candidate Resume Received: Date: _____

Information Verified: yes no Date: _____

Comments _____

Nomination approved by Elections Committee: yes no Date: _____

Candidate Notified: Date: _____