



OREGON
ASSOCIATION
OF REALTORS®

**Application for
District Vice President**

Name _____

Firm Name _____

Address _____

Telephone _____ Fax _____

E-Mail: _____

Name of local Board/Association _____

District _____

Minimum Qualifications

1. Member of OAR for a minimum of 5 years:

Member since _____
Year

2. Actively serving, or have served, in an elective office or Directorship of a Local Association or on a committee.

Position _____ Year _____

Position _____ Year _____

Position _____ Year _____

Please add an additional page to list other positions.

OR

3.. Served on one or more OAR Key or Special Committees for a total of not less than three (3) out of the last five (5) years:

Committee	Year
_____	_____
_____	_____
_____	_____

Additional Credentials

1. **Chaired at least one committee, Key or Special Committee or other similar group(s) at the local and/or state level in the immediate past 5 years:**

Committee/Group Chaired _____ Year _____ Local or OAR _____

- 2.. **Served as a state director for a minimum of 1 of the immediate past 8 years:**

Year _____

3. **Graduate of Leadership NW Institute, Oregon Leadership Academy, NAR Leadership Academy or any other industry related leadership program.**

Program _____ Year _____
Program _____ Year _____

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 _____

Elections Committee Approved: Date: _____

Candidate Notified: Date: _____