



OREGON
ASSOCIATION
OF REALTORS®

President-Elect Application

Name _____

Firm Name _____

Address _____

Telephone _____ Fax _____

E-Mail _____

Name of local Board/Association _____

Minimum Qualifications

1. **Actively serving, or have served, in an elective office or Directorship of a Member Board/Association.**

Local Board/Association _____

Office _____

Years _____

2. **Actively serving, or have served, as President of a Member Board/Association;**

Board/Association _____

Year _____

OR

3. **Actively serving, or have served, as an officer of NAR, or any of its Institutes;**

Office & Organization _____

Year _____

OR

4. **Actively serving, or have served, as a Chair of any OAR Key Committee.**

Committee _____

Year _____

OR

5. Served as a state director of OAR:

Year(s) _____

6. Currently serving or actively served on an OAR Key or Special Committee for a minimum of three (3) of the last five (5) years.

Committee _____

Years _____

Additional Information
(not required
qualifications)

1. Served on a minimum of 3 different committees, Key or Special Committees, or other similar groups at the local and/or state level in the immediate past 5 years:

Committee	Year	Local or OAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Chaired at least one committee, Key or Special Committees, 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
_____	_____	_____

3. Served as an officer, director or executive committee member at the local level for a minimum of 2 of the immediate past 8 years:

Position	Year	Local or OAR
_____	_____	_____
_____	_____	_____

4. Graduate of Leadership Northwest Institute, Oregon Leadership Academy, NAR Leadership Academy or any other industry related leadership program.

Program _____ Year _____
Program _____ Year _____

5. Other Relevant Industry Experience

6. Why do you want to serve as OAR President-Elect?

For additional information related to any question above, please attach a separate sheet.

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

Application Verified by Elections Committee yes no Date: _____

Candidate Notified: Date: _____