



**LIFE SERVICE**  
**MEMBERSHIP APPLICATION FORM**

**Name:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name of local Board/Association:** \_\_\_\_\_

**QUALIFICATIONS**

1. **Member of OAR for not less than twenty-five (25) cumulative years:**

Member Since: \_\_\_\_\_ (year)

2. **Must be at least sixty-five (65) years of age, or have experienced a permanent health disability:**

Birth Date: \_\_\_\_\_ (month/year)

Permanent Health Disability (explain): \_\_\_\_\_

3. **Notable Service to the Oregon Association of REALTORS®**

(OAR Service required-must be completed)

**Please outline your past and present service to OAR for a minimum of 3 years; including committees and years served.**

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**Notable Service to your local Board/Association**

(Must be completed)

**Please outline your past and present service on local committees in detail, including committees and years served.**

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**OR**

**4. Notable Service to your community**

- **Volunteering with recognized local community volunteer programs**
- **Serving on City or County Board of Directors/Trustees**
- **List organizations and years served:**

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If more space is needed, please use a separate sheet.

**5. Current Resume (*attach copy*)**

- **Application is considered incomplete if resume is not attached**

*I certify that the above information is accurate and verifiable.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to your local AE/EO for submission to OAR**

Notable service means:

Service on local board/association REALTOR® Committees

OR

Volunteering with recognized local community volunteer programs and/or city councils, commissions, or boards.

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Office Use Only

Application Received:

Date: \_\_\_\_\_

Candidate Resume Received:

Date: \_\_\_\_\_

Information Verified:

☐ yes ☐ no Date: \_\_\_\_\_

Nomination Approved by Executive Committee:

☐ yes ☐ no Date: \_\_\_\_\_

Approval/disapproval letter to candidate:

Date: \_\_\_\_\_

Certificate sent to candidate:

Date: \_\_\_\_\_

Local board copied \_\_\_\_\_

OAR membership copied \_\_\_\_\_