



New York State Association of REALTORS®, Inc.

# Application for NYSAR Elected Positions

Candidate for the Office of:

Date \_\_\_\_\_

\_\_\_\_ President-Elect    \_\_\_\_ Secretary/Treasurer    \_\_\_\_ NYSAR NAR Director

## I. PERSONAL/BUSINESS DATA

Name of Candidate: \_\_\_\_\_

NYS DOS License #: \_\_\_\_\_ NYS DOS License Type: \_\_\_\_\_  
*(Please attach a copy of your license)*

Firm Name \_\_\_\_\_ Position held with Firm \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Check the appropriate boxes that reflect your business *(Please also attach your business resume)*:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Residential Brokerage   | <input type="checkbox"/> Commercial Brokerage   | <input type="checkbox"/> Industrial Brokerage |
| <input type="checkbox"/> Farm and Land Brokerage | <input type="checkbox"/> Property Management    | <input type="checkbox"/> Appraising           |
| <input type="checkbox"/> Counseling/Consulting   | <input type="checkbox"/> Building & Development | <input type="checkbox"/> Mortgage Financing   |
| <input type="checkbox"/> Securities Brokerage    | <input type="checkbox"/> Other (specify) _____  |   |

Number of Business Offices (if applicable): \_\_\_\_\_

Residence Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## II. EDUCATION

Check the last year of education completed:

High School Degree	College	Post Graduate
____ Yes / ____ No	____ 1 ____ 2 ____ 3 ____ 4	____ 1 ____ 2 ____ 3 ____ 4

REALTOR® educational courses completed \_\_\_\_\_

Other real estate courses completed, or seminars attended \_\_\_\_\_

Education designations attained \_\_\_\_\_

**III. REALTOR® RELATED ACTIVITIES**

List REALTOR® Boards in which you hold membership \_\_\_\_\_

\_\_\_\_\_

Hold membership as REALTOR® - No. of years \_\_\_\_\_

Hold membership as REALTOR-ASSOCIATE® - No. of years \_\_\_\_\_

Number of years licensed \_\_\_\_\_

List REALTOR® Institutes, Societies and Councils in which you hold membership, if any: \_\_\_\_\_

\_\_\_\_\_

REALTOR®, REALTOR-ASSOCIATE® history of committee service, offices held, or any other areas of service candidate deems appropriate (*Please attach a list of history including dates of service*):

**State Association:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Local Board:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**National Association:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. OTHER ACTIVITIES**

Briefly describe your association with any other trade associations, professional organizations, civic and community activities and accomplishments, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. ADDITIONAL INFORMATION**

Have you ever been involved in any activity which would have caused you to have been reprimanded, suspended by your State licensing authority, or had your real estate license revoked? \_\_\_\_ Yes \_\_\_\_ No

If so, explain circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in narrative form any areas of concern you may have experienced in the last 10 years that may affect your ability to serve as a NYS Officer, including but not limited to financial, legal, ethical, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been found in violation of the REALTOR® Code of Ethics? \_\_\_\_ Yes \_\_\_\_ No

If "yes", please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. REMARKS BY CANDIDATE**

Give any other information you desire. Attach comments if need be: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you attend the two regular meetings of the New York State Association, as well as other meetings required of the office for which you are recommended? \_\_\_\_ Yes \_\_\_\_ No

Are you aware of responsibilities and time requirements of service for the position you are seeking? \_\_\_\_ Yes \_\_\_\_ No

**For NYSAR President-Elect and Secretary/Treasurer candidates ONLY** – by checking this box and signing below, you authorize the New York State Association REALTORS® to conduct a comprehensive background check in connection with the submission of this application.

**Candidate's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_