



New York State Association of REALTORS®, Inc.

Application for NYSAR Elected Positions

Candidate for the Office of:

Date _____

____ President-Elect ____ Secretary/Treasurer

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:** _____