

**St. Cloud Area Association of REALTORS®
Director Candidate Information**

Name:

Office:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Position Desired

SCAAR Board

MLS Board

President-Elect

Secretary/Treasurer

Director

Real Estate Experience

Date first licensed:

Type of license:

Broker

Salesperson

Position with firm:

Broker

Sales Associate

Check the appropriate box(s) that reflect your primary business:

Residential

Commercial

Appraising

Farm

Property Management

New Construction

Waterfront

Land & Development

Other _____

Do you hold a real estate license in any other state?

Yes

No

If yes, which state?

NAR Professional Designations attained:

What year did you join SCAAR:

Are you a member of any other local association?

Yes

No

If yes, which?

Briefly describe your educational background:

Please list, if any, history and dates of committee service, offices held, or any other areas of service you deem appropriate.

SCAAR:

MNAR:

NAR

Briefly describe your association with any other trade association, professional organization, civic and community activities and accomplishments.

RETURN COMPLETED FORM BY FRIDAY, SEPTEMBER 14, 2018, TO:

Kelly Travis, SCAAR

Email: Kelly@stcloudrealtors.com

Fax: 320-253-9701

Office: 2109 Troop Drive, Sartell, MN 56377