



WOMEN'S COUNCIL OF REALTORS®
_____ (Network)

(complete/mark the form as appropriate. Include narrative/additional comments on another page, if needed and include a current resume and a photo-see attached job descriptions)

Name: _____

Designations: _____

Firm: _____

Address: _____

Cell Phone: _____ Email: _____

Current Position, if any, at Women's Council of REALTORS®: _____

Applying for/elected positions: President-elect: _____ *Treasurer/Secretary _____

Interested in/appointed positions: *Membership Director: _____ Program Director: _____

Other/appointed position(s) of interest: _____

(*National Affiliate Members eligible for Treasurer/Secretary, Membership Director, other Task Force Chairs)

_____ REALTOR® or REALTOR®-Associate in good standing with local Board of REALTORS®

_____ Number of Years with Local Board/Association: _____

_____ Number of Years with Women's Council of REALTORS® since _____

_____ National Affiliate in good Standing with Women's Council of REALTORS® since _____

_____ Commit to attend Board meetings, appropriate Task Force and Women's Council sponsored Events and Programs

_____ I have or will become a candidate for the Performance Management Network designation

_____ I agree to attend National and State Women's Council Meetings, depending on budget and personal finances. Note that all expenses incurred may not be reimbursed-see Standing Rules.

_____ Number of National meetings attended in last 4 years

_____ Number of State meetings attended in last 4 years

Have you been found in violation of the REALTOR® Code of Ethics in the last 5 years? Circle Yes or No

Please detail Women’s Council of REALTORS® Local, State or National positions or activities, use additional form and attach if necessary:

Elected Offices Held – Year/Title/Responsibility:

Task Force/Committee Chair: – Year/Title/Responsibility:

Special Projects/Awards: Year/Award:

Other community, Board/Association involvement:

Summarize why you want to volunteer and participate as a Leader in Women’s Council

Signature: _____ Date: _____

Send via Email to _____, Treasurer/Secretary at
_____ **no less than 10 days prior to the election.**