

**Please Note:** YOU WILL NOT BE ABLE TO SAVE YOUR APPLICATION ELECTRONICALLY UNLESS YOU HAVE ACROBAT READER 8. Earlier versions of Adobe Reader will open the form and allow entry and printing of the form with data; however, the entered data will not be saved once the form is closed. If you are viewing this form with a version of Adobe Acrobat Reader earlier than version 8, you may download the latest version for free by going to <http://www.adobe.com>

To submit your completed application:

**Option 1: Submitting your application with a desktop email application**

1. Click the "SUBMIT by email" button located at the bottom of the form. Your default email application will open a new email window with the To, Subject, and Attachment fields automatically filled in.
2. Click SEND.

**Option 2: Submitting your application with a web-based email service**

**Option 3: Submitting your Hard Copy Application**

Should you require technical assistance in completing our submitting your application do not hesitate to contact Allie Hostetter at [ahostetter@indianarealtors.com](mailto:ahostetter@indianarealtors.com) or by phone at 317-409-1182.



## STATE ALLOCATED NAR DIRECTORS

(All elected positions are for a 3 year term unless otherwise noted.)

### APPLICATION/NOMINATION FORM

#### Candidate Information

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_

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

Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Local Boards/Association: \_\_\_\_\_

#### Candidate Education

Mark the last year of education completed

High School: 9 10 11 12

College: 1 2 3 4

Post Graduates Degrees or Coursework

\_\_\_\_\_

REALTOR® / Real Estate Educational designations attained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## II. REALTOR® RELATED ACTIVITIES

List the REALTOR® associations in which you hold membership:

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Do you hold a current, valid real estate license and actively endeavor to make or accept offers of cooperation and compensation to and from others or are licensed or certified by an appropriate state regulatory agency to engage in the appraisal of real property?  Yes  No

Membership as REALTOR® (Number of years): \_\_\_\_\_

Membership as REALTOR-ASSOCIATE® (Number of years): \_\_\_\_\_

License number: \_\_\_\_\_ Type of License: \_\_\_\_\_ Year License Granted: \_\_\_\_\_

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

Mark the appropriate box that reflects your primary business

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Single-family 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 (state licensed or certified) |
| <input type="checkbox"/> Counseling              | <input type="checkbox"/> Building & Development | <input type="checkbox"/> Mortgage Financing                       |
| <input type="checkbox"/> Securities Brokerage    | <input type="checkbox"/> Other (specify) _____  |   |

Number of business offices: \_\_\_\_\_ Company: \_\_\_\_\_ that you manage: \_\_\_\_\_

Total number of associates, independent contractors, employees, etc.: \_\_\_\_\_

## III. REALTOR® RELATED ACTIVITIES

REALTOR® and/or REALTOR-ASSOCIATE® history of committee service, offices held, or any other areas of service candidate deems appropriate (include dates of service). You may attach a listing.

**National Association:** Please specify dates served

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**State Association:** Please specify service with IAR and dates served:

Advisory Councils: \_\_\_\_\_

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Committees/Forums: \_\_\_\_\_

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Task Forces/PAGS: \_\_\_\_\_

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Other: \_\_\_\_\_

Have you participated in IAR Fall/Winter Conferences during the last 2 years?  Yes  No

List those you have attended: \_\_\_\_\_

Are you a graduate of the Indiana REALTOR® Leadership Academy?  Yes  No

**Local Association:** Please specify service in your local Indiana Association and dates served:

Officer Positions: \_\_\_\_\_

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Board of Directors: \_\_\_\_\_

Committees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. OTHER ACTIVITIES

- Briefly describe other business related affiliations you have with other *organizations (i.e., partnerships, corporate directorships, etc.)*
  - Briefly describe your association with any other trade associations, professional organizations, civic and community activities and accomplishments, etc.
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. LEGAL INFORMATION

The candidate must document this portion personally

In light of the high visibility of this position, candidates for Board of Directors positions are asked to cooperate in a legal audit of previous matters or matters pending against them, their firms, or firms in which the candidate is a principal, partner or corporate officer.

Has your professional license ever been revoked, suspended, or placed on probation in Indiana or any other state?  Yes\*  No

\*If yes, please attach details to this application in a separate envelope mailed "CONFIDENTIAL"

**Each candidate has a continuing obligation to notify the Indiana Association of REALTORS® immediately if any changes occur, at any time during the application process or during the elected/appointed term of office.**

### V. OTHER INFORMATION

1. Do you agree to complete promptly and fully any and all disclosure forms required by the Board of Directors pertaining to conflicts of interest?  Yes If Yes, initial here \_\_\_\_\_  No
2. Do you agree to attend all appropriate IAR/NAR meetings and other conferences/meetings as required by the position and report as may be requested?  Yes If Yes, initial here \_\_\_\_\_  No
3. Do you understand and agree to fulfill the duties and responsibilities of the office for which you are applying?  Yes If Yes, initial here \_\_\_\_\_  No

### VI. REMARKS BY CANDIDATE

Provide any information you desire. Attach an additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VII. LOCAL ASSOCIATION ENDORSEMENT

Attach a copy of the letter of endorsement from your local association Board of Directors

Qualified applicants will have their applications available for member review. Please include any personal contact or networking sites you would like members to access for additional information. A photograph may also be submitted with the application.

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## VIII. QUALIFIED APPLICANTS

Qualified applicants will have their applications available for member review. Please include any personal contact or networking sites you would like members to access for additional information. A photograph may also be submitted with the application.

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## IX. REQUIRED SIGNATURE

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

**Completed applications must be submitted no later than NOVEMBER 1, and sent directly to:**

**INDIANA ASSOCIATION OF REALTORS®  
NAR Directors Nomination/Application Committee**

7301 N. Shadeland Avenue Suite A  
Indianapolis IN 46250

**OR**

Email: [feedback@indianarealtors.com](mailto:feedback@indianarealtors.com)