

**APPLICATION FOR ELECTED OFFICE OF
CLOVIS/PORTALES ASSOCIATION OF REALTORS**

DEADLINE: June 30, 2022

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ **OFFICE PHONE:** _____ **CELL
PHONE:** _____

OFFICE WHERE LICENSE IS HELD: _____

**HAVE YOU HELD AN ELECTED OFFICE IN AT THE CLOVIS/PORTALES ASSOCIATION OF
REALTORS** _____

IF YES WHAT OFFICE _____ **AND WHEN** _____

**HAVE YOU HAD A LICENSE AND HELD AN ELECTED OFFICE IN ANOTHER
STATE** _____

IF YES, WHERE _____ **AND WHEN** _____

WHICH LOCAL BOARD COMMITTEES HAVE YOU SERVED ON?

WHY DO YOU WANT TO BE CONSIDERED FOR ONE OF THE FOLLOWING OFFICES?

MARK THE OFFICE PREFERRED

**PRESIDENT ELECT: (2 YEAR TERM ONE YEAR AS PRESIDENT ELECT.
FOLLOWING ONE YEAR AS PRESIDENT.) MUST HAVE SERVED AS A LOCAL BOARD
DIRECTOR. CHAIRED AT LEAST ONE COMMITTEE AND BE A MEMBER IN GOOD
STANDING.**

**DIRECTOR: (2 YEAR TERM) MUST HAVE SERVED A FULL TERM ON AT LEAST
ONE COMMITTEE AND BE A MEMBER IN GOOD STANDING.**