



**Questionnaire**  
**2024 AFFILIATE of the YEAR**  
**AWARD**

Person Nominated: Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Person making the Nomination: Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Please describe the Nominee and their contribution to the Association and its' members:**

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**All questions are to be answered as if this is the Nominee. The focus is on the quality of the contribution to our Association, community and industry.**

**1. CAREER** IN REAL ESTATE: How many years as an AFFILIATE with the Delta Association of REALTOR®? \_\_\_\_\_ With Other Associations? \_\_\_\_\_

What is current position/company: \_\_\_\_\_

Other Positions within the Industry: Provide Position, Company, Dates of Employment within last 4 years.

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**EDUCATION:** Designations Current and/or in Progress: \_\_\_\_\_

Formal Degrees/Designations: \_\_\_\_\_

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**II. DELTA ASSOCIATION OF REALTORS® - REAL ESTATE ACTIVITY**

Participation in committees, task forces, positions of chair or vice chair, member. Officer and Member of Board of Directors, including DRCSF. List the Boards, committees and level of participation in the last 4 years plus current year, attach separate sheet if necessary:

Committee Name	Length of Time	Chair	Vice Chair	Member
1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. WOMEN'S COUNCIL OF REALTORS®**

List committees, Chair or Vice Chair, Board of Directors and/or task forces you have served on in the last 4 years: Position, Date, Committee/Etc: attached separate sheet, if needed.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_

**IV. MARKETING MEETINGS/TOUR GROUPS**

Involvement in Marketing meetings/Tour groups. Participation: Have you been a tour coordinator/sponsor if so, provide 3 most recent dates: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

What impact have you made to the real estate community? Include those activities/presentations that are outside the normal real estate day-to-day scope of work. \_\_\_\_\_

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**V. CIVIC/COMMUNITY ACTIVITY**, list organizations and/or charitable activities involved in last 4 years, what position(s) and how contributed to the community. Attach separate sheet if necessary. Include those that are outside your paid position within the real estate community and/or our general communities. Outline the impact and how you have made a difference. "blow your own horn"

Organization # 1 \_\_\_\_\_ Dates Involved: \_\_\_\_\_

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Organization # 2 \_\_\_\_\_ Dates Involved: \_\_\_\_\_

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**Other Comments:** \_\_\_\_\_

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I certify that, to the best of my knowledge, the information provided is true and accurate.

Signature of nominee/nominator: \_\_\_\_\_ Date: \_\_\_\_\_

If completing for the nominee, please supply a **name, position, company and phone number** of a person that we can call to get more information about the nominee.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Firm \_\_\_\_\_

***Please return in a sealed envelope by due date to:***

***REALTOR® of the Year Awards,***

***Delta Association of REALTORS®, 3428 Hillcrest Avenue, Suite 200, Antioch 94531.***

***Email: [tonia@deltaaor.com](mailto:tonia@deltaaor.com) or fax 925-757-8393***

***Attn: Award Committee***