

**GREATER MILWAUKEE ASSOCIATION OF REALTORS®  
NOMINATING COMMITTEE APPLICATION FOR DIRECTORS**

*Application Deadline: September 1, 2020*

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

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**I. EDUCATION**

Circle the last year of education completed:

Primary School  
6 7 8

High School  
9 10 11 12

College  
1 2 3 4

Advanced Degree  
1 2 3 4

REALTOR® education courses completed: \_\_\_\_\_

Designations obtained: \_\_\_\_\_

**II. REALTOR® AND COMMUNITY ACTIVITIES**

Number of years holding REALTOR® membership \_\_\_\_\_

Check the appropriate category that reflects your primary business:

\_\_\_\_ Single Family Brokerage

\_\_\_\_ Commercial Brokerage

\_\_\_\_ Industrial Brokerage

\_\_\_\_ Farm and Land Brokerage

\_\_\_\_ Property Management

\_\_\_\_ Appraisals

\_\_\_\_ Counseling

\_\_\_\_ Building & Development

\_\_\_\_ Mortgage Financing

\_\_\_\_ Securities Brokerage

\_\_\_\_ Other (specify) \_\_\_\_\_

What specific areas of the real estate industry do you feel you have a greater depth of knowledge in? (examples: mortgage industry, technology, home inspection, international, etc...) \_\_\_\_\_

Total number of associates in your office: \_\_\_\_\_

Local association participation: \_\_\_\_\_

State association participation: \_\_\_\_\_

Local community activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. ADDITIONAL INFORMATION

Have you ever been involved in any activities which would have caused you to be reprimanded, suspended by the state real estate commission, or had your license revoked? \_\_\_\_\_Yes \_\_\_\_\_No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GMAR Directors are required to attend as many association events and Directors meetings as possible (missing three meetings constitutes an automatic resignation).

Would you have difficulty meeting this requirement? \_\_\_\_\_Yes \_\_\_\_\_No

Do you have any problems in the following areas which would impair your ability to serve as a local Director?

Health: \_\_\_\_\_Yes \_\_\_\_\_No

Financial: \_\_\_\_\_Yes \_\_\_\_\_No

Legal: \_\_\_\_\_Yes \_\_\_\_\_No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been indicted or convicted of a crime? \_\_\_\_\_Yes \_\_\_\_\_No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. REMARKS BY CANDIDATE

Give any additional information you would like the committee to consider. Use additional paper if needed.

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

***EACH APPLICANT IS REQUIRED TO SUBMIT A PHOTO VIA EMAIL TO: michelle@GMAR.WS.***

Candidate's signature: \_\_\_\_\_