

St. Cloud Area Association of REALTORS®
Director Candidate Information

Name: _____

Office: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email _____

Position Desired

SCAAR Board _____ MLS Board _____

President-Elect _____ Secretary/Treasurer _____ Director _____

MN Realtors Director _____

Real Estate Experience

Date first licensed: _____

Type of license: Broker _____ Salesperson _____

Position with firm: Broker _____ Sales Associate _____

Check the appropriate box(s) that reflect your primary business:

Residential Commercial Appraising
 Farm Property Management New Construction
 Waterfront Land & Development Other _____

Do you hold a real estate license in any other state? Yes _____ No _____

If yes, which state? _____

NAR Professional Designations attained: _____

What year did you join SCAAR: _____

Are you a member of any other local association? Yes _____ No _____

If yes, which? _____

Briefly describe your educational background:

Please list, if any, history and dates of committee service, offices held, or any other areas of service you deem appropriate.

SCAAR: _____

MNR: _____

NAR: _____

Briefly describe your association with any other trade association, professional organization, civic and community activities and accomplishments.

RETURN COMPLETED FORM BY FRIDAY, SEPTEMBER 22, 2023, TO:

Kelly Travis, SCAAR

Email: Kelly@stcloudrealtors.com

Fax: 320-253-9701

Office: 2109 Troop Drive, Sartell, MN 56377