

**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:

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

SCAAR: \_\_\_\_\_

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MNR: \_\_\_\_\_

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NAR: \_\_\_\_\_

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

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

Kelly Travis, SCAAR

Email: [Kelly@stcloudrealtors.com](mailto:Kelly@stcloudrealtors.com)

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