St. Cloud Area Association of REALTORS®
Director Candidate Information

Name:_____

Office:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____ Fax:_____

Email_____

Position Desired (you may select more than one)

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?_____

Have you been found in violation of the NAR Code of Ethics or MN Department of Commerce regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? Yes_____ No_____

If yes, please explain:

_____

_____

_____

_____

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.

_____

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RETURN COMPLETED FORM BY FRIDAY, SEPTEMBER 19, 2025, TO:
Kelly Travis, SCAAR
Email: Kelly@stcloudrealtors.com
Office: 2109 Troop Drive, Sartell, MN 56377