

National Director Data Sheet
National Association of REALTORS®

Name: _____ Term: _____

Nickname: _____ SSN: _____

Firm Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Email Address: _____

Home Address: _____

Home Phone: _____

Mail Preference: Office Home

Spouse Name: _____

Educational designations attained: (Check all that apply)

- | | | | | |
|-------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> ABR | <input type="checkbox"/> ALC | <input type="checkbox"/> AMO | <input type="checkbox"/> ARM | <input type="checkbox"/> CAE |
| <input type="checkbox"/> CCIM | <input type="checkbox"/> CIPS | <input type="checkbox"/> CPM | <input type="checkbox"/> CRB | <input type="checkbox"/> CRE |
| <input type="checkbox"/> CRS | <input type="checkbox"/> GAA | <input type="checkbox"/> GRI | <input type="checkbox"/> LTG | <input type="checkbox"/> PRE |
| <input type="checkbox"/> RAA | <input type="checkbox"/> RCE | <input type="checkbox"/> RRC | <input type="checkbox"/> SIOR | Other _____ |

Name of Local Board/Association where you hold membership: _____

Hold membership as REALTOR® -- number of years: _____

Hold membership as REALTOR-ASSOCIATE® -- number of years: _____

List REALTOR® Institutes, Societies and Councils in which you hold membership, if any: _____

Check the appropriate box that reflects your primary business:

- | | | |
|--|---|---|
| <input type="checkbox"/> Single-family Brokerage | <input type="checkbox"/> Commercial Brokerage | <input type="checkbox"/> Industrial Brokerage |
| <input type="checkbox"/> Farm and Land Brokerage | <input type="checkbox"/> Property Management | <input type="checkbox"/> Appraising |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Mortgage Financing | <input type="checkbox"/> Building and Development |
| <input type="checkbox"/> Securities Brokerage | <input type="checkbox"/> Auction | Other (specify): _____ |

Number of business offices: _____

Total number of associates, independent contractors, employees, etc.: _____

Submitted By:

_____	_____
Title	Name

Return form to: Bonnie Boyd, Chairman/OAR Nominating Committee (Attn: Debbie Wedebrook)
Ohio Association of REALTORS®, 200 E. Town St., Columbus, OH 43215
Fax: 614/228-2601