



P.O. BOX 528, 9 COATES DR., SUITE 1, GOSHEN, NEW YORK 10924 • 845-294-7905 • FAX 845-294-3414 • WWW.OCAR.COM

Orange County Association of REALTORS® Candidate Application Form

Name: _____

Firm Name: _____ Position with Firm: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

I. EDUCATION

Circle last year completed:

High School 9 10 11 12 College 1 2 3 4 Graduate School/Other 1 2 3 4

Realtor® Education courses completed:

Other real estate courses completed: _____

Educational Designations attained: _____

II. REALTOR® RELATED ACTIVITIES

List REALTOR® Associations in which you hold membership:

_____ # of years: _____

_____ # of years: _____

Number of years licensed: _____

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

Check the category that describes your primary business:

- Single Family Brokerage Commercial Brokerage Industrial Brokerage Appraising
 Farm/Land Brokerage Property Management Counseling Building & Development
 Mortgage Financing Securities Brokerage Other (Specify) _____
 Owner/Broker Associate Broker Sales Agent Manager

Technology:

Are you connected to the Internet with high speed access? _____

Do you have a web page: _____

REALTOR® history of committee service, offices held or other areas of service candidate deems applicable (include dates of service): _____

Have you ever attended NYSAR meetings: _____ # of NYSAR meeting attended:

Have you ever attended a NAR convention: _____ # of NAR conventions attended:

If nominated, are you willing to make a commitment, in writing, to attend the following OCAR functions in addition to the monthly BOD meetings:

Installation/Holiday Luncheon; Lobby Day; RPAC and other Board functions; Fundraisers for the Make A Wish Foundation and Habitat for Humanity; Political fundraisers for which OCAR obtains tickets; OC Chamber and/or other business functions for which OCAR purchases tickets?

Yes _____ No _____

Are you willing to sit on one OCAR Committee? Yes _____ No _____

Would you be willing to Chair an OCAR Committee? Yes _____ No _____

III OTHER ACTIVITIES

Briefly describe your involvement with any other trade associations, professional organizations, civic and community activities and accomplishments, etc.: _____

III. ADDITIONAL INFORMATION

Have you ever been involved in any activity, which caused you to be reprimanded or suspended by the Department of State or had your real estate license revoked? __Yes __No If yes, explain circumstances: _____

Are you aware of the responsibilities and time requirements of service as an OCAR Officer/ Director: _____

Describe in narrative form any areas of concern you may have that may affect your ability to serve as an OCAR Officer/Director: _____

V. PERSONAL DATA

Residence Address: _____

Home Phone: _____ Cell Phone : _____

Email Address: _____ @ _____

Clubs, Activities or Organizations (not previously mentioned): _____

Are you an American Citizen? Yes___ No___

Have you ever been convicted of a crime? _____ If so, describe the circumstances in detail: _____

VI. REMARKS BY CANDIDATE

Please use this section to provide any information or make any remarks you may deem pertinent. _____

To the best of my knowledge, all of the foregoing information is accurate.

Signature of Candidate

