

Local Network Candidate Application

Name:	
Designations:	
Office:	
Address:	
Cell Phone: Email:	
Current Position, if any, at Women's Council of REALTORS®:	
Applying for elected positions: President-elect: First Vice President:	
*Treasurer:Membership Director: Program Director:	
Other Committees of interest:	
(*National Affiliate Members eligible for Treasurer and Membership Direct	ctor)
Answer Yes or No to following questions. Circle or underline your answ	'er.
Yes / No Are you a REALTOR <sup>®</sup> or REALTOR <sup>®</sup> -Associate in good standing with a local Boa	ard/Association of
REALTORS <sup>®</sup> ?	
o Attach documentation of membership in good standing from Board/Assoc	ciation.
Yes / No Are you a National Affiliate Member in good standing with a local Board/Asso	ciation of
REALTORS <sup>®</sup> ?	
o Attach documentation of membership in good standing from Board/Assoc	ciation.
Yes / No I Commit to attend Board meetings, appropriate Project Team and Women's C	Council Events and
Programs.	
Yes / No I have read the job description for this position and am qualified to be a candio	date.
Signature	)ato:
Signature: D	Date:

MUST be returned to Phx Candidate Review Team Chair no later than June 15, 2023.