**

**LOCAL NETWORK CONSENT TO SERVE & CANDIDATE APPLICATION**

I agree to serve as a Governing Board member of the Women’s Council of REALTORS® \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for (***insert year***). I acknowledge and accept my fiduciary obligation to act in the best interests of the Network as follows:

1. Duty of Care: I will use the care that a reasonably prudent person would exercise in a like position and under similar circumstances. This means that I agree to attend

meetings, ask questions to gain information I reasonably need to make a decision and exercise independent judgment.

2. Duty of Loyalty: I will advance the best interests and well-being of the Network over any individual or local interests, and I will refrain from using my position of trust to

further my own interests in a way that conflicts with the interests of the Network.

3. Duty of Obedience: I will accept, support and implement Governing Board decisions, even if I voted against them. I will follow the Bylaws of the Network and comply with all Standing Rules relating to Network activities.

4. Travel & Time: I understand the time and travel requirements for the position that I have been elected/appointed to serve. I may need to fund myself, depending on network budget for this travel. I will make every effort to give of my time to meet the requirements of this position.

5. Duty of Confidentiality I will not speak or act for the Network unless specifically authorized to do so. I will not present opinions about Network business unless these opinions are clearly expressed as personal opinions not necessarily the views of the Network.

My signature below acknowledges that I agree to be bound by the terms of consent above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Network Candidate Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Position, if any, at Women’s Council of REALTORS®:

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Applying for elected positions: President-elect: \_\_\_\_\_\_\_  **\***Treasurer: \_\_\_\_\_\_\_

Interested in appointed positions:  **\***Membership Director: \_\_\_\_\_ Program Director: \_\_\_\_\_ Secretary: \_\_\_\_\_

Other appointment(s) of interest:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(**\***National Affiliate Members eligible for Treasurer and Membership Director)

Answer Yes or No to following questions. Circle or underline your answer.

* Yes / No - Are you a REALTOR® or REALTOR®-Associate in good standing with a local Board/Association of REALTORS®?
	+ Attach documentation of membership in good standing from Board/Association.
* Yes / No - Are you a National Affiliate Member in good standing with a local Board/Association of REALTORS®?
	+ Attach documentation of membership in good standing from Board/Association.
* Yes / No - I Commit to attend Board meetings, appropriate Project Team and Women’s Council Events and Programs.
* Yes / No - I have read the job description for this position and am qualified to be a candidate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***MUST be returned to Candidate Review Team Chair no later than 30 days prior to election date.***