



# Consent to Serve/Candidate Application

2025 TERM OF OFFICE (MAY 2024 ELECTION)

Office of:

If elected, I agree to serve as POSITION of the Women’s Council of REALTORS®, and I acknowledge and accept my fiduciary obligation to act in the best interests of the Women’s Council 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 the 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 Women’s Council over any individual or local or state 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 Women’s Council.

**3.) DUTY OF OBEDIENCE:** I will accept, support and implement Leadership Team, Executive Committee, and Governing Board decisions, even if I voted against them. I will follow the Articles of Incorporation and Women’s Council Bylaws and comply with all state and federal laws relating to the Women’s Council’s activities.

**4.) DUTY OF CONFIDENTIALITY:** I will not discuss matters deemed confidential by the National Leadership team or Executive Committee team outside of board meetings without the express advance permission of the Women’s Council President.

Additionally, I will not speak or act for the Women’s Council or the Leadership Team or Executive Committee unless specifically authorized to do so. I will not present opinions about Women’s Council business unless those opinions are clearly expressed as personal opinions not necessarily the views of the Women’s Council.

**FOR ELECTRONIC SUBMISSIONS:**

By placing an **X** in this box  and typing my name below, I acknowledge that I agree to be bound by the terms of the consent above.

NAME

DATE

**FOR CONSENT: SCAN AND SEND TO [jsaltman@wcr.org](mailto:jsaltman@wcr.org):**

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

SIGNATURE

DATE

NAME - PLEASE PRINT

## ABOUT YOU

NAME

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

SECOND BUSINESS PHONE

EMAIL

WEBSITE

YOUR LOCAL REALTOR® BOARD/ASSOCIATION(S)

# OF YEARS A LICENSEE

Is your membership type REALTOR®? If not, please describe (note that only REALTOR® members are eligible for offices, not National Affiliate, Affiliate, Strategic partners, or other non-REALTOR® category):  YES  NO. IF NO, DESCRIBE:

Is real estate your full time occupation?

YES  NO. IF NO, DESCRIBE:

Do you have any known health, financial or other circumstance that could limit your ability to serve?

YES  NO. IF YES, DESCRIBE:

Are you aware of the responsibilities and time requirements (see job descriptions on [wcr.org](http://wcr.org)) of service as a National Officer?  YES  NO

I understand that attending the three regular meetings\*\* of the National Women's Council, as well as other meetings required of the office for which you are recommended, is expected.  YES  NO \*\* Note, "regular" meetings include Elevate (online-February), Midyear (May-DC), National Conference (Nov – varies).

Have you ever been found in violation of the REALTOR® Code of Ethics?

YES  NO. IF YES, DESCRIBE:

Has your license ever been revoked, suspended or restricted?

YES  NO. IF YES, DESCRIBE:

Have you ever been convicted of a felony?

YES  NO. IF YES, DESCRIBE:

Your Date of Birth:

(Note, this information is required in order to conduct a background check)

REALTOR® Designations Earned and Currently Maintained: (List all that apply. Note, PMN designation strongly encouraged for all applicants):

Revised 03/16/23

## WOMEN'S COUNCIL NATIONAL LEADERSHIP

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### National Women's Council Officer

Check all that apply and indicate year served:

National Liaison       First Vice President       Treasurer

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Chairperson of a National Committee/ Group/Forum

Committee Name:

### Women's Council Liaison to an NAR Committee

(By Women's Council presidential appointment, please indicate year):

### Past *national* workgroups and other appointments

**Women's Council National educator/trainer:** Please list below and indicate years

## WOMEN'S COUNCIL STATE & LOCAL LEADERSHIP EXPERIENCE

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### As a State Officer

Please indicate the year of your term (ex, 21 & 22). Note, national-recognized officer titles include, but are not limited to: District Vice President (If applicable), First Vice President, Treasurer, State Liaison, President-elect, President

### Other Significant State Positions or Accomplishments:

### As a Local Network Officer

Please indicate the year of your term (ex, 21 & 22). Note, national-recognized officer titles include, but are not limited to: President, President elect, First Vice President, Treasurer, Event Director, Membership Director

Other Significant Local Network Positions or Accomplishments:

## REALTOR® ASSOCIATION LEADERSHIP EXPERIENCE

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List any Regional, State or Local Elected Officer positions you have held. *Indicate year served.*

National Association of REALTORS® service / experience (*Committees, Groups, PAGs, etc.*):

## AWARDS, HONORS & ACHIEVEMENTS

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Women's Council:

REALTOR®:

RPAC:

Other:

## OTHER ACTIVITIES

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Briefly describe other business-related affiliations you have with other organizations (*i.e., partnerships, corporate directorships, etc.*)

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

## STATEMENT OF PURPOSE

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Please submit a brief paragraph on each of the following:

1. What motivates you to serve in the office for which you have been recommended?

2. How have you made a difference professionally or personally?

3. How will your special skills and talents benefit the Council?

I consent to Women’s Council performing a background check, which includes criminal, professional standards and social media (please see campaign rules guide for details, under review process for further information). Staff will obtain social security number via secure means.

SIGNATURE (REQUIRED)

Please return the completed form to: [jsaltman@wcr.org](mailto:jsaltman@wcr.org)

Jamie Saltman  
Women’s Council of REALTORS®  
430 North Michigan Avenue  
Chicago IL 60611

DEADLINE: May 31 of calendar year (by 11:59pm Central time).

*Note: Please do not submit any supplemental materials (e.g. references, testimonials). No supplemental materials will be accepted or distributed to the Candidate Review Committee.*