



## Consent to Serve/Candidate Application

2027 TERM OF OFFICE (2026 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:

- |   |   |
|---|---|
| <b>1.) DUTY OF CARE:</b>                            | 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.                       |
| <b>2.) DUTY OF LOYALTY:</b>                         | 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.                              |
| <b>3.) DUTY OF OBEDIENCE:</b>                       | 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. |
| <b>4.) DUTY OF CONFIDENTIALITY:</b>                 | 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.   |
| <b>5.) DUTY OF DIVERSITY, EQUITY AND INCLUSION:</b> | I will be mindful that I am representing the intentional culture of Women's Council to create a neutral, welcoming and inclusive environment for all.   |

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 a ✓ 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 [japostle@wcr.org](mailto:japostle@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 Midyear (May/June-DC), National Conference (Nov – varies).

Please note on the questions below:

Previously disclosed issues (ethics violations, license restrictions, felonies) need not be re-disclosed for 5 years unless there's a gap in service.

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

☐ YES ☐ NO. IF YES, PLEASE DESCRIBE IN A SEPARATE ATTACHMENT.

Have you ever been convicted of a felony?

☐ YES ☐ NO. IF YES, DESCRIBE:

Has your license ever been revoked, suspended or restricted?

☐ YES ☐ NO. IF YES, PLEASE DESCRIBE IN A SEPARATE ATTACHMENT.

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 required for all applicants):

Revised 05/2025

WOMEN’S COUNCIL NATIONAL LEADERSHIP

National Women’s Council Officer

Check all that apply and indicate year served:

☐ National Liaison      ☐ First Vice President      ☐ Treasurer

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 Spokesperson Training or equivalent from another professional organization PRIOR to your application. Please list below and indicate the year you completed.

WOMEN’S COUNCIL STATE & LOCAL LEADERSHIP EXPERIENCE

For lengthy answers, please attach a text document.

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

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

Women’s Council:

REALTOR®:

RPAC:

Other:

OTHER ACTIVITIES

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

Please submit a separate text doc with numbered responses to each of the following questions:

- 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?

APPLICATION CHECKLIST

- 1. Professional resume
- 2. 5 Letters of Recommendation *Note: Previously credentialed officers may reference past letters.*
- 3. Statement of Purpose
- 4. Consent to Serve/Application
- 5. Affidavit
- 6. Spokesperson Training taken within 5 years of application (*Make sure it includes the following information, Date, Provider, Course Name, and Number of Hours*)

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:

[japostle@wcr.org](mailto:japostle@wcr.org)

Jessica Apostle  
Women's Council of REALTORS®  
430 North Michigan Avenue  
Chicago IL 60611

DEADLINE: June 30 of calendar year (by 11:59pm Central time).