

Office of:

[Empty text box for Office of:]

ABOUT YOU

NAME

[Empty text box for Name]

COMPANY NAME

[Empty text box for Company Name]

STREET ADDRESS

[Empty text box for Street Address]

CITY

[Empty text box for City]

STATE

[Empty text box for State]

ZIP

[Empty text box for ZIP]

BUSINESS PHONE

[Empty text box for Business Phone]

SECOND BUSINESS PHONE

[Empty text box for Second Business Phone]

EMAIL

[Empty text box for Email]

WEBSITE

[Empty text box for Website]

YOUR LOCAL REALTOR® BOARD/ASSOCIATION(S)

[Empty text box for Local Realtor Board/Association(s)]

OF YEARS A LICENSEE

[Empty text box for # 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:

[Empty text box for membership description]

Is real estate your full time occupation?

YES NO. IF NO, DESCRIBE:

[Empty text box for full-time occupation description]

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

YES NO. IF YES, DESCRIBE:

[Empty text box for health/financial/circumstance description]

Are you aware of the responsibilities and time requirements (see job descriptions on 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, PLEASE DESCRIBE IN A SEPARATE ATTACHMENT.

Have you ever been convicted of a felony?

YES NO. IF YES, DESCRIBE:

[Empty text box for felony conviction description]

Has your license ever been revoked, suspended or restricted?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)

[Empty text box for Date of Birth]

REALTOR® Designations Earned and Currently Maintained: (List all that apply).

Note, PMN designation strongly encouraged for all applicants):

[Empty text box for REALTOR Designations]

WOMEN'S COUNCIL NATIONAL LEADERSHIP

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 Spokesperson Training or equivalent from another professional organization PRIOR to your application: Please list below and indicate years

WOMEN'S COUNCIL STATE & LOCAL LEADERSHIP EXPERIENCE

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*)

Revised 04/03/26

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

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

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