

## **LIFE SERVICE**

## MEMBERSHIP APPLICATION FORM

Name	
Firm N	Name:
Addre	ess:City/Zip:
Telep	hone:E-Mail:
Name	of local Board/Association:
	<u>QUALIFICATIONS</u>
1.	Member of OAR for not less than twenty-five (25) cumulative years:
	Member Since:(year
2.	Must be at least sixty-five (65) years of age, or have experienced a permanent health disability:
	Birth Date:(month/year)
	Permanent Health Disability (explain):
3.	Notable Service to the Oregon Association of REALTORS® (OAR Service required-must be completed) Please outline your past and present service to OAR for a minimum of 3 years; including committees and years served.
4.	Notable Service to your local Board/Association (Must be completed) Please outline your past and present service on local committees in detail, including committees and years served.

	recognized local community volunteer programs County Board of Directors/Trustees		
If more space is needed, please use a separate sheet.			
<ul> <li>6. Current Resume (attach copy)</li> <li>Application is considered incomplete if resume is not attached</li> </ul>			
I certify that the above information is accurate and verifiable.			
Signature:	Date:		
Return form to your local AE/EO for submission to OAR			
Notable service means: Service on local board/association REALTOR® Committees OR Volunteering with recognized local community volunteer programs and/or city councils, commissions, or boards.			
Office Use Only Application Received: Candidate Resume Received: Information Verified: Nomination Approved by Executive Committee: Approval/disapproval letter to candidate: Certificate sent to candidate: Local board copied	Date: Date:  yes no Date:  yes no Date:  Date:  Date:  OAR membership copied		