



OREGON  
ASSOCIATION  
OF REALTORS®

**LIFE SERVICE**  
**MEMBERSHIP APPLICATION FORM**

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

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

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of local Board/Association: \_\_\_\_\_

**QUALIFICATIONS**

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®**  
*(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.**

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

5. **Notable Service\* to your community**

- **Volunteering with recognized local community volunteer programs**
- **Serving on City or County Board of Directors/Trustees**
- **List organizations and years served:**

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If more space is needed, please use a separate sheet.

6. **Current Resume** (*attach copy*)

- **Application is considered incomplete if resume is not attached**

*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 OAR Committees for a minimum of 3 years

Service on local board/association REALTOR® Committees

OR

Volunteering with recognized local community volunteer programs and/or city councils, commissions, or boards.

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**Office Use Only**

Application Received:

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

Candidate Resume Received:

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

Information Verified:

yes  no Date: \_\_\_\_\_

Nomination Approved by Executive Committee:

yes  no Date: \_\_\_\_\_

Approval/disapproval letter to candidate:

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

Certificate sent to candidate:

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

Local board copied \_\_\_\_\_

OAR membership copied \_\_\_\_\_