NAME:
EMAIL:
PHONE: CELL:
OFFICE WHERE LICENSE IS HELD:
HAVE YOU HELD AN ELECTED OFFICE AT THE CLOVIS/PORTALES ASSOCIATION OF REALTORS [] Yes [] No
IF YES WHAT OFFICE AND WHEN
HAVE YOU HAD A LICENSE AND HELD AN ELECTED OFFICE IN ANOTHER STATE [] Yes [] No
IF YES, WHEREAND WHEN
WHICH CPAR COMMITTEES HAVE YOU CHAIRED OR SERVED ON?
GIVE US A BRIEF BIO: (attach photo and additional pages as needed)
MARK THE OFFICE PREFERRED:
☐ PRESIDENT ELECT: 2 YEAR TERM: FIRST YEAR AS PRESIDENT ELECT AND ONE YEAR AS PRESIDENT. MUST HAVE SERVED AS A LOCAL BOARD DIRECTOR AND BE A MEMBER IN GOOD STANDING.
☐ DIRECTOR : 2 YEAR TERM MUST HAVE SERVED ON A COMMITTEE AND BE A MEMBER IN GOOD STANDING.

To be considered, submit applications to: cpar.realtors@gmail.com