

2019 SRAR COMMITTEE APPLICATION

(PLEASE TYPE OR PRINT BELOW)

NAME: _____

Check one: REALTOR® _____ AFFILIATE _____

YEAR JOINED: _____ SRAR MEMBER NUMBER: _____

COMMITTEE SELECTION: (SEE BACK OF FORM FOR NAME & DESCRIPTION OF COMMITTEES) Please select your choice(s) for a committee appointment and return the completed form to Southland Regional Association of REALTORS®, 7232 Balboa Blvd., Van Nuys, CA 91406, email to 2019committees@srar.com or fax: 818-786-4541.

NAME OF COMMITTEE:

1st Choice _____

2nd Choice _____

3rd Choice _____

Do you currently serve on this committee?: Y ____ N ____

Comments: (Optional – Include any information we should know regarding your committee qualifications.)

Please indicate your mailing preference ____ Office ____ Home

OFFICE ADDRESS

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

HOME ADDRESS

Address: _____

City/State/Zip: _____

Phone: _____

E-mail _____