

**Rogue Valley Association of REALTORS®
LIFE MEMBERSHIP NOMINATION FORM**

Name: _____

Firm Name: _____

Address: _____

City, State, Zip: _____ **Firm Phone:** _____

Email: _____ **Contact Phone:** _____

QUALIFICATIONS:

1. Member in good standing of the Rogue Valley Association of REALTORS® (including the originating Boards of RVAR and any Boards/Associations subsequently joining RVAR) for not less than ten (10) years and at least twenty-five (25) cumulative years with the Oregon Association of REALTORS®.

RVAR Member Since: _____ (year)

OAR Member Since: _____ (year)

2. Must be at least sixty-five years of age, or have experienced a permanent health disability.

Birth Date: _____

OR Permanent Health Disability (briefly explain): _____

3. Must have performed notable service for the real estate profession, the community, and for RVAR or OAR.

Notable Service (attach additional pages if necessary): _____

I certify that the above information is, to the best of my knowledge, accurate and verifiable.

Signature: _____ **Date:** _____

For RVAR Use Only:

Form & Resume Received (date): _____ Info Verified: Yes No _____ (date)

Reviewed by Board of Directors (date): _____ Approved: Yes No

Letter Sent to Nominee (date): _____ Certificate Sent (date): _____

OAR Copied: Yes No _____ (date)