



STATE ASSOCIATION OFFICER APPLICATION

To be completed and submitted no later than **June 26, 2026**

DIVISION VICE PRESIDENT

Candidate Name: _____

Firm Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Primary Board: _____

CHECK ONE: Legislative/Political Policy/DEI

To be eligible for the offices of Regional Vice President or Division Vice President, the individual shall have either: (1) serving/has served as President of a Member Board; (2) serving/has served two full terms on the Board of Directors of a Member Board and completed one year as an Association Director; or (3) completed one full term on the CTR Executive Committee; (4) completed two full terms as chair of one or more Association committees, subcommittees or work groups; or for Division Vice President, (5) completed one full term as President of a state/regional chapter of an Institute/Society/Council of NAR or multicultural organization partner of NAR and, for Division Vice President, have demonstrated interest, experience or training in the Division’s field of responsibility. Failure to complete a term shall result in automatic withdrawal of application or resignation from the newly elected position.

COMPLETE AS REQUIRED ABOVE:

<p>1. OR</p>	<p>Local Board: _____ Year served as President: _____</p>
<p>2. OR</p>	<p>Local Board Elective Office Held: _____ Years: _____ CTR Director: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Year: _____</p>
<p>3. OR</p>	<p>CTR Executive Committee Member – Year served: _____</p>

<p>4. OR</p>	<p>CTR Committee/Subcommittee/Work Group Chair: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, What Committee/Subcommittee/Work Group: _____ Year(s): _____ _____ Year(s): _____</p>
<p>5.</p>	<p>State/Regional Chapter of NAR Institute/Society/Council or Multi-Cultural Organization Partner: _____ Year served as President: _____</p>

Describe your interest, experience or training in the Division’s field of responsibility:

IF ELECTED TO A STATE OFFICE, I PLEDGE TO ATTEND MEETINGS AND PERFORM SUCH OTHER DUTIES AS REQUIRED AND TO ABIDE BY THE BYLAWS, RULES & REGULATIONS, CONSTITUTION AND POLICIES OF THE NATIONAL AND STATE ASSOCIATIONS. I ALSO UNDERSTAND THAT FAILURE TO COMPLETE A TERM REQUIRED TO BE ELIGIBLE FOR A POSITION SHALL RESULT IN AUTOMATIC WITHDRAWAL OF MY APPLICATION OR RESIGNATION FROM THE NEWLY ELECTED POSITION.

TYPE FULL NAME OR SIGN

DATE

RETURN COMPLETED APPLICATION TO:

Email: Beth@ctrealtors.com