



STATE ASSOCIATION OFFICER  
**APPLICATION**

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

## REGIONAL VICE PRESIDENT

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

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Board: \_\_\_\_\_

**CHECK ONE:**     Region 1     Region 2     Region 3     Region 4

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

<p>4. <b>OR</b></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>

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](mailto:Beth@ctrealtors.com)