

Delaware Association of REALTORS®
Application for Elected Positions – 2025
Submission Deadline: July 1, 2024

The information requested below will assist DAR’s Nominating Committee in evaluating your application for an elected position with the Association. To be eligible to serve, you must be a DAR REALTOR® member in good standing. The contents of this application will be revealed only to those authorized by the Chair of the Nominating Committee. Your application may be completed online, or please mark it Confidential and mail it to Delaware Association of REALTORS®, 134 E. Water Street, Dover, DE 19901, Attn: Nominating Committee.

I, _____, am a candidate for the office of:
Your Name

2025 President-elect (one-year term with automatic ascension to President) – Expectations include:

- Automatic ascension to 2026 President and NAR Director position in 2025 and 2026
- Attendance at NAR meetings* including Annual Legislative Meetings in Washington, D.C., Annual Conference, Region 3 meetings (typically in Washington, D.C.), and 2025 Leadership Summit in Chicago
- Attendance at DAR meetings/events including quarterly (and any special) Board of Directors and Executive Committee meetings; committee meetings such as Public Policy, DelPAC, Finance, and chair the Strategic Planning Committee; events such as Spokesperson Training, Leadership Summit, Annual Convention, Legislative Action Day, Annual Brokers Meeting, and Installation
- Attendance at various local association events such as installations and networking events (particularly during 2026)
Serves as DAR Immediate Past President in 2027

2025 Vice President (one-year term) – Expectations include:

- Attendance at NAR Meetings* including Annual Legislative Meetings in Washington, D.C., and Region 3 meetings (typically in Washington, D.C.)
- Attendance at DAR meetings/events including quarterly (and any special) Board of Directors and Executive Committee meetings, Leadership Summit, Annual Convention, Legislative Action Day, Annual Brokers Meeting, Installation

2025 Director-At-Large (one-year term) – Expectations include:

- Attendance at DAR meetings/events including quarterly (and any special) Board of Directors meetings, Leadership Summit, Annual Convention, Legislative Action Day, Annual Brokers Meeting, Installation

*DAR reimburses expenses for required NAR travel. NAR Future Meeting Schedule: www.nar.realtor/events/nar-meetings-by-year.

As part of your service to the REALTOR® organization, have you ever served in the following capacities?

- a. Member of the DAR Board of Directors? YES NO (If yes, please specify years.)
- b. Member of the DAR Finance Committee? YES NO (If yes, please specify years.)
- c. Member of any other DAR committees? YES NO (If yes, please specify years.)

- d. Chair of any DAR committees? YES NO (If yes, please specify committees/years)
- e. Member of the NAR Board of Directors? YES NO (If yes, please specify years)
- f. Member of any NAR committees? YES NO (If yes, please specify committees/years)
- g. President/officer of a local board, another state association, or MLS? YES NO (If yes, specify org/title/years)
- h. Director or Committee Chair of a local board, another state association, or MLS? YES NO (If yes, specify orgs/titles/years.)
- i. Leader of an affiliated organization (CCIM, CRS, RLI, etc.)? YES NO (If yes, please specify organization/years)
- j. Demonstrated support for the REALTORS® PAC (RPAC)? YES NO (If yes, please specify years)
- k. Been an RPAC Major Investor? YES NO (If yes, please specify years)

-
- 1. Full Legal Name of Candidate: _____
 - 2. Nicknames or Other Names You Have Used: _____
 - 3. Current Home Address: _____

Number and Street

City
County
State
Zip
 - Home Phone: (____) _____ Cell Phone: (____) _____
 - E-mail Address: _____
 - 4. Other Residences During the Past Five Years: _____

 - 5. Current Firm Name: _____
 - 6. Current Size of Firm: _____
 - 7. Current Position with Firm: _____

8. Explain the responsibilities of your position with your firm: _____

9. Business Address: _____

Number and Street City County State Zip

Office Phone: () _____

E-Mail Address, if different than listed above: _____

10. Other firm affiliations during the past five years, starting with the most recent.

a. Date from _____ / _____ / _____ to _____ / _____ / _____

Name of Firm

Number and Street City County State Zip

b. Date from _____ / _____ / _____ to _____ / _____ / _____

Name of Firm

Number and Street City County State Zip

c. Date from _____ / _____ / _____ to _____ / _____ / _____

Name of Firm

Number and Street City County State Zip

Please describe your educational background (institution, degree) and provide professional designations you have received (attach additional sheets, if necessary).

11. Yes No Do you have a current Delaware real estate license? If yes, indicate license number, type, and expiration date.

Yes No Do you have a business entity license(s)? If yes, indicate license number, type, and expiration date. Also please provide detailed information as to your involvement in the business entity.

Please list all of your real estate licenses and the companies/firms where they are held.

If you have a broker license, are you a business representative for another company's business entity license? If so, name the company(ies) and provide detailed information as to your involvement:

List affiliations with other real estate companies, including the nature of the affiliation.

12. Yes No Do any of your licenses have any restrictions or endorsements? If yes, please explain.

13. List each MLS and/or association/Board of REALTORS® of which you are currently a member.

14. List each MLS and/or association/Board of REALTORS® of which you were a member within the last five years, starting with the most recent.

a) Date from _____ / _____ / _____ to _____ / _____ / _____

i. _____

b) Date from _____ / _____ / _____ to _____ / _____ / _____

i. _____

c) Date from _____ / _____ / _____ to _____ / _____ / _____

i. _____

(If yes to any of the following questions, please specify below and attach extra sheets if necessary.)

15. Yes No Are there any federal, state, or local government agency investigations, actions, or proceedings now pending against you? If yes, please attach copy of the complaint and explain below.
16. Yes No Have you ever been subjected to reprimand, public reproof, citation, or other disciplinary action by any professional association, disciplinary committee or other professional group for an alleged breach of ethics, unprofessional conduct, or violation of a rule, regulation, statute, order, membership duty, or code of ethics? If yes, please explain below and attach copies of final action.
17. Yes No Are there any professional association, disciplinary committee, or other professional group investigations, actions, or proceedings now pending against you? If yes, please explain below and attach copies of complaint and other relevant documents.
18. Yes No Have you or any firm in which you were at the time a principal ever been in a voluntary or involuntary personal or business bankruptcy proceeding (Chapter 7, 11, or 13)? If yes, please explain below.
19. Yes No Has a tax lien or other collection procedure ever been instituted against you by federal, state, or local authorities? If yes, please explain below and attach documents.
20. Yes No Have you ever been involved in civil litigation in a federal, state, or local court, or any other governmental proceedings of any kind, either as plaintiff, defendant, petitioner, respondent, or party in interest? If yes, please explain below and attach a copy of the complaint and final resolution (judgment, settlement, etc.).
21. Yes No Are you currently under federal, state, or local investigation for possible violation of a criminal law or ordinance? If yes, please explain below and attach a copy of the complaint.
22. Yes No Are there any criminal charges now pending against you? If yes, please explain below and attach a copy of the complaint.
23. Yes No Have you ever had any association with any person or group or business venture which could be used, even unfairly, to impugn or attack your character and qualifications for the office you seek? If yes, please explain below.
24. Yes No Do you now have, or have you in the past had, any problems or circumstances in the following areas which could impair your ability to serve as an officer of the Delaware Association of REALTORS®? If yes, please explain below.
- | | | | | |
|--------------------------|-----|--------------------------|----|-----------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Financial |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Legal |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Health |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Substance Abuse |
25. Yes No Is there anything in your background which, although not specifically asked, if made known to the general public through your nomination or election would cause an embarrassment to you and/or the Delaware Association of REALTORS®? If yes, please explain below.

EXPLANATION OF ITEMS ABOVE (Please include the number of the questions/answer above to which you are referring and attach additional sheets if needed.)

Important: I have read the above application and have answered each question truthfully, completely, and to the best of my knowledge and belief. By signing below, I acknowledge my commitment to fulfill the obligations of the office for which I have applied. I understand that, if elected to serve DAR, I will be expected to comply with DAR Bylaws and policies.

Signature of Candidate: _____

Date: _____