



NAR DIRECTOR PROFILE

Email to executive@abor.com before July 19, 2024

A. PERSONAL DATA

1. Name: _____
2. Firm Name: _____
Business Address: _____
City: _____ Zip: _____
Business Telephone: _____
3. Home Address: _____
4. Home Telephone: _____
5. Email Address: _____
6. Date of Birth (month/day): _____
7. Type business (specialization if any): _____
8. Number of Years Licensed: _____
9. Highest Education Degree: _____
10. Name of Spouse: _____

B. ENGAGEMENT

1. LIST YOUR ENGAGEMENT IN ABOR FORUMS, TREPAC EVENTS, COMMITTEES, ETC

2. **NATIONAL ASSOCIATION OF REALTORS®** (last five
years) Meeting/Conference (title)

Year

3. **ADDITIONAL COMMENTS**

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