

NAR DIRECTOR PROFILE

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

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

Α.

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

2. TEXAS REALTORS[®]

С.

D.

	Committee/Leadership	<u>Position</u>	Year Served		
3.	NATIONAL ASSOCIATION OF REALTORS®				
	Committee/Leadership	Position	Year Served		
4.	Institute, Society or Council				
	Committee/Leadership	<u>Position</u>	Year Served		
DES	SIGNATIONS, ACCOMPLISHMENTS, COM	NTRIBUTIONS, HONC	ORS AND AWARDS		
Honors/Award		Date Re	eceived		
RE/	ALTOR [®] MEETINGS ATTENDED				
L.	TEXAS REALTORS [®] (last five years)				
	Meeting/Conference (title)		Year		
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2. NATIONAL ASSOCIATION OF REALTORS® (last five

years) Meeting/Conference (title)

<u>Year</u>

3. ADDITIONAL COMMENTS

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