

CAREB Application for 2020 Officer and Director Positions



CONTACT INFORMATION

Name	
Street	
City, ST ZIP code	
Home Phone	
Work Phone	
E-Mail Address	

WHAT TYPE OF LICENSE OR MEMBERSHIP STATUS DO YOU HOLD?

BROKER/BROKER ASSOCIATE

SALESPERSON

AFFILIATE

IF LICENSED

LICENSE # _____ EXP DATE _____

CAREB LOCAL CHAPTER(S):

DATE JOINED _____

LIST ANY REALTIST, CAREB LOCAL CHAPTER AND NAREB POSITIONS YOU HAVE HELD:

POSITION APPLYING FOR:

POSITION: Tell us why you are applying for that position. Include additional pages, as necessary.

EDUCATION BACKGROUND:

List 2 Goals that you have for CAREB:

How Would You Accomplish Your Goals?

