

**Rogue Valley Association of REALTORS®  
LIFE MEMBERSHIP NOMINATION FORM**

**Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Firm Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**QUALIFICATIONS:**

1. Member in good standing of the Rogue Valley Association of REALTORS® (including the originating Boards of RVAR and any Boards/Associations subsequently joining RVAR) for not less than ten (10) years and at least twenty-five (25) cumulative years with the Oregon Association of REALTORS®.

**RVAR Member Since:** \_\_\_\_\_ (year)

**OAR Member Since:** \_\_\_\_\_ (year)

2. Must be at least sixty-five years of age, or have experienced a permanent health disability.

**Birth Date:** \_\_\_\_\_

**OR Permanent Health Disability (briefly explain):** \_\_\_\_\_

\_\_\_\_\_

3. Must have performed notable service for the real estate profession, the community, and for RVAR or OAR.

**Notable Service (attach additional pages if necessary):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is, to the best of my knowledge, accurate and verifiable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**For RVAR Use Only:**

Form & Resume Received (date): \_\_\_\_\_ Info Verified:  Yes  No \_\_\_\_\_ (date)

Reviewed by Board of Directors (date): \_\_\_\_\_ Approved:  Yes  No

Letter Sent to Nominee (date): \_\_\_\_\_ Certificate Sent (date): \_\_\_\_\_

OAR Copied:  Yes  No \_\_\_\_\_ (date)