

## **NAR DIRECTOR PROFILE**

Email to executive@abor.com before July 19, 2025

## 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.	TEXAS REALTORS®				
	Committee/Leadership	<u>Position</u>	Year Served		
3. NATIONAL ASSOCIATION OF REALTORS®					
	Committee/Leadership	<u>Position</u>	Year Served		
4.	Institute, Society or Council				
	Committee/Leadership	<u>Position</u>	<u>Year Served</u>		
DESIGNATIONS, ACCOMPLISHMENTS, CONTRIBUTIONS, HONORS AND AWARDS					
<u>Hor</u>	nors/Award	<u>Date Rece</u>	<u>ived</u>		
REA	REALTOR® MEETINGS ATTENDED				
1.	TEXAS REALTORS® (last five years)				
	Meeting/Conference (title)		Year		

2.	NATIONAL ASSOCIATION OF REALTORS® (last five				
	years) Meeting/Conference (title)	<u>Year</u>			

3. ADDITIONAL COMMENTS

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