SOUTH SHORE REALTORS® LOCAL POLITICAL COORDINATOR APPLICATION

NAME: _____

EMAIL: _____

OFFICE NAME: _____

HOME ADDRESS: _____

CELL PHONE: ( ) _____ EMAIL: _____

NUMBER OF YEARS AS A REALTOR®: _____

NAME OF LEGISLATOR: _____

ARE YOU A CONSTITUENT: ◯ YES ◯ NO

AN LPC'S MOST VALUABLE CONTRIBUTION TO THE ASSOCIATION IS THE RELATIONSHIP THEY HAVE WITH THEIR LEGISLATOR. PLEASE EXPLAIN YOUR RELATIONSHIP:

RELEVANT SERVICE ON ANY REALTOR® COMMITTEES, TASK FORCES, ETC. (PAST AND PRESENT):

PLEASE SHARE ANY OTHER INFORMATION, INCLUDING POSITIONS THAT YOU HAVE HELD (APPOINTED OR OTHERWISE) THAT SHOULD BE CONSIDERED IN YOUR APPLICATION:

NAME OF REVIEWING BODY: _____

SIGNATURE OF REVIEWER: _____ DATE: _____

LPC CANDIDATE'S SIGNATURE: _____ DATE: _____