



## 2017 DIRECTOR NOMINATION FORM

### BASIC INFORMATION:

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

Firm: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Number of Years Licensed: \_\_\_\_\_

Number of Years Member of GNAR: \_\_\_\_\_

Designations: \_\_\_\_\_

### REALTOR SERVICE: (Please use additional pages if needed.)

Local Involvement (Committees, leadership positions, etc.):

State Involvement:

National Involvement:

RPAC Contribution:

**COMMUNITY SERVICE:**

Volunteer Service:

Boards:

Other engagements:

WHY DO YOU WANT TO BE CONSIDERED FOR A POSITION ON THE GNAR BOARD OF DIRECTORS (200 words):

ADDITIONAL COMMENTS (200 words):

Please provide signatures from 10 GNAR members who support this nomination.  
(Note: One must be the potential nominee's managing broker, unless he or she is a managing broker):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Signed :

---

(Name) \_\_\_\_\_ (Date)

**Please return this form to:  
Jarron Springer at the GNAR Office ([jarron@gnar.org](mailto:jarron@gnar.org) or 4540 Trousdale  
Dr., Nashville, TN 37204) by **Friday, August 12th, 2016 at 5:00pm****