

## APPLICATION FOR TRUSTEE AND OFFICER NOMINATION

Hudson Gateway REALTOR® Foundation, Inc. | Service commencing January 1, 2024 Email completed application to Freddimir.Garcia@HGAR.com by November 10, 2024

The Mission of the Foundation is as follows: As concerned citizens of the communities we live in, the Hudson Gateway REALTOR® Foundation, Inc. participates in or contributes to qualified charities that serve the housing, hunger, health, happiness, and humane needs of citizens everywhere.

The Foundation is charged with raising monies to endow the Foundation which can then be disbursed to not-for-profit 501(c)(3) organizations that conform with the goals of the Foundation as set forth in the mission statement.

## TO THE NOMINATING COMMITTEE:

I hereby apply to be considered for Committee to consider. *Only prev  [ ] PRESIDENT* [ ] VICE-PI	vious & current Trustees are	eligible for Officer posit	ions.
2-YEARS 2-YEARS	2-YEARS	tereses teres en	3-YEARS
Full Name :	Preferr	ed Name:	
Firm Affiliation :			
Business Address :			
Business Phone :		·	
List the REALTOR® Associations i	n which you have held membe	ership :	
	# of years:	Is membership currer	nt?
	# of years:	Is membership currer	nt?
Number of years licensed :	<del></del>		
Please check current status :	Owner/BrokerAss	sociate Broker Sa	alesperson Manager
Which category/categories best de	scribe your real estate busine	ss?	
Residential Sales	Commercial/Industrial Broker	ageFarm / Land	Appraiser
Property Management	New Construction	_ Other (please specify) _	
Reason for interest in elective of	fice for HG REALTOR® Fou	ndation. Any charitable	organization experience?

Home Address:  Home Phone:  Email Address:  To the best of my knowledge, all of the foregowill be made available to the voting Members	to contact information to reach out for any follow-up]  Mobile/Cell Number:
CONTACT INFORMATION [we will use this Home Address:	to contact information to reach out for any follow-up]  Mobile/Cell Number:  ing information is accurate, and I understand the information provided of HGAR. I am aware of the responsibilities and time requirement of
CONTACT INFORMATION [we will use this Home Address:	to contact information to reach out for any follow-up]  Mobile/Cell Number:
CONTACT INFORMATION [we will use this Home Address:	to contact information to reach out for any follow-up]
CONTACT INFORMATION [we will use this	to contact information to reach out for any follow-up]
You may attach your resume along with your a	oplication.
Have you ever been involved in any activity, Department of State or had your real estate If yes, please explain circumstances.	which caused you to be reprimanded or suspended by the license revoked? [ ] YES [ ] NO
Are you now or planning to be a candidate for	or elective office with HGAR, CID, or WCR? If yes, please describe:
Please list committees and other service wit	h your local MLS, State, National, or Local Associations.
Share any special skills or interest areas ( e.	g., event planning, marketing, technology, etc.)
c. work experience outside of real estate.	