HGAR LEADERSHIP ACCELERATOR APPLICATION

APPLICANT INFORMATION

Name: _____

Cell: _____ Email: _____

Preferred Mailing Address:

_____

_____

Years Licensed: _____ License Type: _____

How long have you been a member of HGAR (include your time with Associations that have merged to form

HGAR)? _____

Firm Name: _____

Broker: _____

Position: _____ Real Estate Specialty: _____

Professional Designations: _____

Career Occupation(s) and Position Prior to Real Estate:

_____

_____

ASSOCIATION and COMMUNITY INVOLVEMENT

Involvement, thus far, with HGAR:

_____

_____

_____

Hudson Gateway Association of REALTORS®

HGAR.com

One Maple Avenue
White Plains, NY 10605
914.681.0833 *Telephone*
914.681.6044 *Fax*

9 Coates Drive, Suite 1
Goshen, NY 10924
845.294.7905 *Telephone*

1867 Williamsbridge Road
Bronx, NY 10461
718.892.3000 *Telephone*

Involvement with Associations/Organizations Outside of Real Estate:

_____

_____

_____

What is your day-to-day involvement in the real estate industry, e.g. sales, management, training?

_____

_____

_____

Community Involvement: What organizations or groups do you participate in outside the realm of real estate? Include community, civic, political, social, athletic and hobbies:

_____

_____

_____

YOUR VIEW

What do you consider to be the most challenging issues facing the real estate industry?

_____

_____

_____

Why do wish to be considered for the HGAR Leadership Accelerator?

_____

_____

_____

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What are your leadership aspirations with HGAR and what are the qualities you feel you possess that qualify you for leadership?

_____

_____

_____

Are there other qualities you feel that you possess that would make you a good candidate for a leadership position?

_____

_____

_____

COMMITMENT:

_____ If selected, I agree to pay the **$250.00** tuition fee which covers class materials, speakers and activities. I agree to pay my own travel expenses incurred as a participant in the Leadership Accelerator Program.

_____ I understand that attendance at all functions is required for satisfactory completion of the program. Absences will be evaluated on a case-by-case basis and may include make-up work. Missing two sessions is considered a voluntary withdrawal and no tuition refund is available.

_____ Attached are two letters of recommendation from:

_____

_____

_____ I understand that completion of the program does not guarantee a future leadership role in the organization.

Name: _____

Signature: _____

Date: _____

NOTE: Please send your application to Jana Currier, HGAR Chief Operating Officer, Jana.Currier@HGAR.com. Completed application are due by Thursday, June 13, 2024

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