

2019 COMMUNICATIONS COMMITTEE APPLICATION

(PLEASE TYPE OR PRINT BELOW)

NAME:	
Check one: REALTOR® AFFILIA	TE
YEAR JOINED:	SRAR MEMBER NUMBER:
its members through all means available inclutopics, information and industry news to be of	ad maintains ongoing two-way communications between the association and adding but not limited to, online, social media, print and in-person. Identifies communicated to the membership and constantly monitors communication st serve on another standing committee to be considered. Email the bethd@srar.com, or fax: 818-786-4541.
Do you currently serve on this committee?:	Y N
Comments: (Optional – Include any information	n we should know regarding your committee qualifications.)
Please indicate your mailing preference	OfficeHome
OFFICE ADDRESS	HOME ADDRESS
Company Name:	Address:
Address:	City/State/Zip:
City/State/Zip:	Phone:
Phone:	

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