



2019 GRIEVANCE COMMITTEE APPLICATION

(PLEASE TYPE OR PRINT BELOW)

NAME: _____

YEAR JOINED: _____ SRAR MEMBER NUMBER: _____

COMMITTEE DESCRIPTION: Reviews complaints from members and the public to determine whether a formal hearing is warranted. To serve as a member of the Grievance Committee, applicants shall be interviewed prior to appointment to the committee. In addition, members must have been a member of an Association of REALTORS® for a minimum of two years. Email the completed form to Oscar Sol, oscars@srar.com, or fax: 818-786-4541.

Do you currently serve on this committee?: Y ___ N ___

Comments: (Optional – Include any information we should know regarding your committee qualifications.)

Please indicate your mailing preference ___ Office ___ Home

OFFICE ADDRESS

HOME ADDRESS

Company Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

E-mail _____

E-mail: _____

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