



2019 PROFESSIONAL STANDARDS COMMITTEE APPLICATION

(PLEASE TYPE OR PRINT BELOW)

NAME: _____

YEAR JOINED: _____ SRAR MEMBER NUMBER: _____

COMMITTEE DESCRIPTION: Provides panelists for disciplinary action or arbitration, in accordance with the Professional Standards Rules. Participation requires special training and three years previous experience on the Grievance Committee, including two years as a voting member. 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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