

THE OHIO ASSOCIATION OF REALTORS®
2011 LOCAL BOARD OFFICER REPORTING FORM

BOARD REPORTING: _____

PRESIDENT

Name _____ **License #** _____
Company _____ Home Phone: _____
Street _____ Fax # _____
City/State/Zip _____
Day Phone # _____
Email Address _____

**(Please complete information for either Executive Officer or Board Secretary. Please do not list P.O. Box addresses.)*

FULL-TIME/PAID EXECUTIVE OFFICER*

Name _____ **License #** _____
Street _____ Home Phone: _____
City/State/Zip _____ Fax # _____
Local Board Phone # _____
Email Address _____
Local Board Website Address: _____

BOARD SECRETARY*

Name _____ **License #** _____
Street _____ Home Phone: _____
City/State/Zip _____ Fax # _____
Local Board Phone # _____
Email Address _____
Local Board Website Address: _____

PRESIDENT-ELECT

Name _____ **License #** _____
Company _____ Home Phone: _____
Street _____ Fax # _____
City/State/Zip _____
Day Phone # _____
Email Address _____

TREASURER

Name _____ **License #** _____
Company _____ Home Phone: _____
Street _____ Fax # _____
City/State/Zip _____
Day Phone # _____
Email Address _____

MEMBERSHIP RECORDS SECRETARY (Dues Payment Processor)

Name _____ **License #** _____
Company _____ Home Phone: _____
Street _____ Fax # _____
City/State/Zip _____
Day Phone # _____
Email Address _____

Name of Person Submitting Form: _____

Please return to Debbie Wedebrook

Deadline: November 30, 2010

THE OHIO ASSOCIATION OF REALTORS®
2011 LOCAL BOARD CHAIRMEN/CONTACT FORM

BOARD REPORTING: _____

Multiple Listing

Name _____

License # _____

Email Address _____

Public Relations

Name _____

License # _____

Email Address _____

Professional Standards

Name _____

License # _____

Email Address _____

Legislative

Name _____

License # _____

Email Address _____

Equal Opportunity

Name _____

License # _____

Email Address _____

RPAC Fundraising

Name _____

License # _____

Email Address _____

Board Legal Counsel

Name _____

License # _____

Email Address _____

Political Communications Network (PCN)

Name _____

License # _____

Email Address _____

Education

Name _____

License # _____

Email Address _____

Publications & Media Contact

(check appropriate line below)

_____ Local Board Staff Member

_____ Volunteer Member

Scholarship

Name _____

License # _____

Email Address _____

Name _____

License # _____

Email Address _____

Community & Housing Needs

Name _____

License # _____

Email Address _____

Staff RPAC Contact

(Who should receive RPAC plaques, pins, etc., at Local Board)

Name _____

Email Address _____

Name of Person Submitting Form: _____

Please return to: Debbie Wedebrook

DEADLINE: December 15, 2010