SAINT PAUL AREA ASSOCIATION OF REALTORS® SPAAR COMMITTEE APPLICATION



Please type or print clearly. Use additional paper if necessary.

BETTER AGENTS ◆ BETTER COMMUNITIES SAINT PAUL AREA ASSOCIATION OF REALTORS®

NAME:			
FIRM:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE:	FAX:	EMAIL:	
Date joined St Paul Area Association			
Serving on a SPAAR committee rectimes each year. Will you attend th Yes			
On which committee/s are you into Affiliate Community Engagement Metro YPN	erested in serving? (Con Diversity Professionalis RPAC	☐ Con	e found at spaar.com) nmunications rernment Affairs
What experience and strengths do	you feel that you would	d bring to the committee,	s indicated above?
SIGNATURE:		DATE:	