



## APPLICATION

### Honorary Member-For-Life

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

DRE Number: \_\_\_\_\_

**Qualification:**

*REALTOR® Members of SILVAR who have continuously served the Board/Association, for a period of thirty (30) years or more, and who have attained the age of seventy (70) years, shall be eligible to be elected an Honorary Member-for-Life.*

Year became a member of local Board/Association: \_\_\_\_\_

Date became 70 years of age: \_\_\_\_\_

Name of Board/Association: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Association Executive Officer

-Do not write below this line-

Received: \_\_\_\_\_

Association date verified: \_\_\_\_\_

Date became 70 years of age verified: \_\_\_\_\_

Sent to SILVAR Board of Directors for approval: \_\_\_\_\_