



Application for GAR Resolution

Please see "GAR Resolution Criteria" document for explanation of qualifications for Georgia Association of REALTORS®' Resolution. Please attach extra pages if necessary to give complete information.

DATE: _____

Full Name of Nominee: _____

Nominated by: _____

1. Nominee is (check one of the following):

- Deceased GAR member
- Living GAR member
- Retired Association Executives/staff specialist

2. Number of years Nominee has been involved in or employed by the REALTOR® organization:

3. Please note either:

Date of real estate license issuance (for members): _____

Number of years working with association (AEs/staff specialists): _____

4. Date of joining local board, along with local board activities and honors (with dates, if possible):

5. State association (GAR) activity and honors (with dates, if possible):

6. National association (NAR) activity and honors (with dates, if possible)

7. Civic involvement, military activity, including business associations, community groups, charitable organizations, etc.

8. Family information – spouse/partner’s name, names of any children, number of grandchildren:

9. Date of death (deceased member resolutions only): _____

COMMITTEE USE ONLY

Resolution is _____ accepted _____ denied

Date: _____

If accepted, date and location where resolution will be presented: _____

Please complete form and email OR fax to:

Georgia Association of REALTORS®
Special Recognition Committee
bminer@garealtor.com

FAX – 770-458-6992