



JOANNE McEACHERN MEMORIAL AWARD

Name: _____

Member of Local Network: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

List Women's Council of REALTORS® engagement (Use additional sheet if necessary):

Local: _____

State: _____

National: _____

Women's Council Member Since _____ Years in Real Estate: _____ Broker: _____

Last State Meeting Attended: _____ Date: _____

How Many Meetings Have You Attended? State: _____ National: _____

Course Information: _____

Course(s) Completed and Designation(s): _____

Cost Per Completed Course(s) \$ _____ \$ _____ \$ _____ \$ _____

ALL DESIGNATIONS must be CAR & NAR approved: ALL COURSES must be CAR & NAR APPROVED. APPLICANTS MUST BE RECEIVING THEIR PMN DESIGNATION DURING THE APPLYING CURRENT YEAR. Application must be received by September 1st of each year.

Awards are limited to \$125 per member per year and awarded to 4 applicants each year. All applications will be received and approved by the Awards Committee which will present the award at the last State Meeting of the year. Must be a Women's Council of REALTORS® member in good standing.

Proof of Completed Courses and Verification of Payment or Designation must be attached, with a written essay on: "What's your WHY for being a member of the Council"

Signature: _____

Date: _____