



MEMBER RELIEF FUND APPLICATION

(All Information treated CONFIDENTIALLY)

A) Proposed Candidate*:		
	*Candidate must be a current SAAR Member	
B) Please Check one:	□ Nominating Self	□Nominating Other
C) Your Name:		
Your Phone Number:		
D) Candidate's Company:		
Address:		
City, State, Zip Code:		
Direct Phone Number:		
E-Mail Address:		
E) DESCRIBE THE CANDIDATE'S N (Attach an additional page if neces		SSIBLE
Signed:	Date	

PLEASE EMAIL THIS FORM AND ATTACHMENTS TO:

Rebecca Grossman - SAAR CEO Rebecca@ScottsdaleRealtors.org