

VALLEY BOARD OF REALTORS

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AFFILIATE Of The Year Nomination Form

Please nominate a AFFILIATE who has helped you along your real estate career.

NOMINEE NAME				
FIRST NAME	LAST NAME			
RESIDENCE ADDRESS		CITY	STATE	ZIP CODE
RESIDENCE ADDRESS		GITT		ZIF CODE
CONTACT PHONE NUMBER	EMAIL ADDRESS			
WEBSITE ADDRESS	Elmile 7.00 iles			
LINE OF BUSINESS				
WHEN MAKING A NOMINATION PLEASE CONSIDER REALTOR® SPIRIT, CIVIC ACTIVITY, BUSINESS ACC		N ACTIVITY NATIONAL AS	OCIATION	ACTIVITY
TEACTOR STRING OF THE TOTAL OF				ACTIVITY OF THE PROPERTY OF TH
Signature of Submitter		Date		