

DEADLINE: MUST BE RECEIVED AT THE BOARD OFFICE BEFORE 5:00 P.M. OCTOBER 31, 2011
FAX AND E-MAIL TRANSMISSIONS WILL NOT BE ACCEPTED
Dayton Area Board of REALTORS® Sales Leader Club Award
2010-11 Official Application
For period of October 1, 2010 through September 30, 2011

DABR Office Use Only
 Date _____
 Paid _____
 Entered _____

All information MUST be properly completed regardless of method used and WILL BE disqualified if incomplete, improperly filled out or illegible, or contains false information.

NAME (as it appears on license) _____ MEMBER NUMBER _____

NAME (as you would like it on award only) _____ DAYTIME PHONE _____

HOME PHONE: _____ E-MAIL ADDRESS: _____ Were you a DABR award winner in any year 1999-2010? Yes No

During the award year, have you been found in violation of the National Association of REALTORS® Code of Ethics or in violation of Section 4735.18 of the Ohio Real Estate Laws and Rules by the Ohio Real Estate Commission? Yes No

First Time Achiever \$1 Million or 17 Tran. Credits <input type="checkbox"/> Method A <input type="checkbox"/> Method B Dollar Volume Transaction Credits

Award of Achievement \$1.5 Million or 25 Tran. Credits <input type="checkbox"/> Method A <input type="checkbox"/> Method B Dollar Volume Transaction Credits
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Award of Distinction \$2.5 Million or 50 Tran. Credits <input type="checkbox"/> Method A <input type="checkbox"/> Method B Dollar Volume Transaction Credits
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Award of Excellence \$5 Million or 75 Tran. Credits <input type="checkbox"/> Method A <input type="checkbox"/> Method B Dollar Volume Transaction Credits

Pinnacle of Performance \$7.5 Million <input type="checkbox"/> Method A Dollar Volume

FORM OF PAYMENT: CHECK MC/VISA/DISCOVER My plaque is full; I need a new one. I don't need a Plaque. Application Fee: \$100.00 per applicant

ACCOUNT NUMBER: _____ EXP DATE _____ CSC _____ SIGNATURE _____

Please place in chronological order

Photocopy reproductions of this application will be accepted.

Date Closed	Address of Property	Name of Listing Agent and Co-op Firm	Name of Selling Agent and Co-op Firm	Sale/Lease Price	\$ Amount Claimed	Transaction Credits

Mail completed form with photo, adding machine tape (if applicable) and fee to: DABR, P.O. Box 111 Dayton, OH 45401

PAGE TOTAL

CERTIFICATION OF SALES/LEASING: October 1, 2010 through September 30, 2011

AWARD TOTAL

We hereby certify that the above facts are correct and that the above named salesperson has closed "\$ Amount Claimed" or "Transaction Credits" as indicated.

FIRM _____ APPLICANT _____

(Signature)

FIRM ADDRESS _____ BROKER/OFFICE MANAGER _____

(Signature)

APPLICANT AND BROKER/OFFICE MANAGER SIGNATURES REQUIRED.

