



Longevity Award

2020 Circle of Excellencesm Application

REALTOR®: _____
(Name as it should appear on award and in publications. Include all REALTOR® designations.)

LICENSE NUMBER: _____

FIRM: _____

LONGEVITY AWARDS: REALTORS® who have been awarded Circle of Excellencesm, New Homes and/or Million Dollar Sales Club awards for 10, 15, 20, 25, 30, 35 or 40 consecutive or nonconsecutive years as a member of HRRA or its predecessors, are current members of the Hampton Roads REALTORS® Association in good standing and meet all requirements for receiving the COE award for the year 2020. (Awards may be received only once in a lifetime.)

APPLICATION FEE: \$100.00 (Payment must be received with application by **5:00 p.m., Monday, February 1, 2021.**)

CHECK THE APPROPRIATE BOX:

- 10 Year Award: For 10 consecutive or nonconsecutive years
- 15 Year Award: For 15 consecutive or nonconsecutive years
- 20 Year Award: For 20 consecutive or nonconsecutive years
- 25 Year Award: For 25 consecutive or nonconsecutive years
- 30 Year Award: For 30 consecutive or nonconsecutive years
- 35 Year Award: For 35 consecutive or nonconsecutive years
- 40 Year Award: For 40 consecutive or nonconsecutive years

BROKER'S STATEMENT

I attest that, to the best of my knowledge, the information provided above is true and accurate.

Principal/Managing Broker's Signature: _____

RECIPIENT'S DISCLAIMER

I, the undersigned REALTOR®, having applied for the Hampton Roads REALTORS® Circle of Excellencesm Longevity Award, hereby authorize the processing of information contained in my application for qualification in the Awards Program. I understand that this information will not be used singularly, but only in the aggregate, and then only by the Circle of Excellencesm Audit Committee to determine which Award, if any, for which I am qualified and shall receive. I attest that all information provided in this application is complete and accurate, and that I am qualified in every respect to receive the Award indicated above. Documentation will be provided upon request.

Recipient's Signature: _____

Cell Phone

Office Number

Email Address

