

**CONSENT TO SERVE & CANDIDATE APPLICATION  
ARIZONA STATE WCR OFFICER  
2016 Term of Office**

**Office** (Underline One):      President-elect                      Secretary                      Treasurer                      Governor

I agree to serve on the State Governing Board of the Women's Council of REALTORS®, and I acknowledge and accept my fiduciary obligation to act in the best interests of the State organization as follows:

- 1.) Duty of Care:                      I will use the care that a reasonably prudent person would exercise in a like position and under similar circumstances. This means that I agree to attend meetings, ask questions to gain the information I reasonably need to make a decision and exercise independent judgment.
  
- 2.) Duty of Loyalty:                      I will advance the best interests and well-being of the state WCR over any individual or local interests, and I will refrain from using my position of trust to further my own interests in a way that conflicts with the interests of WCR.
  
- 3.) Duty of Obedience:                      I will accept, support and implement Governing Board decisions, even if I voted against them. I will follow the Articles of Incorporation and Bylaws of WCR and comply with all state and federal laws relating to WCR's activities.
  
- 4.) Duty of Confidentiality:                      I will not discuss matters deemed confidential by the Governing Board outside of board meetings without the express advance permission of the WCR president.

Additionally, I will not speak or act for WCR or the Governing Board unless specifically authorized to do so. I will not present opinions about WCR business unless those opinions are clearly expressed as personal opinions not necessarily the views of WCR.

For electronic submissions:

By placing an X in this box  and typing my name below, I acknowledge that I agree to be bound by the terms of the consent above.

Name \_\_\_\_\_ Date \_\_\_\_\_

For Consents returned by fax or mail:

My signature below acknowledges that I agree to be bound by the terms of consent above.

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
Date