



VOLUME AWARD APPLICATION

Date: _____

- Attach the **BRIGHT MLS Agent Awards Detail Report** or other supporting documentation for verification of your Volume. New Home sales should be entered in MLS,
- Your application **MUST** be **SIGNED** by **YOU** and your **BROKER**.
- All pages of this application **MUST** be submitted by **February 21, 2025**. No applications will be accepted after this date. Submit the application with payment information by mail or in person to: Blue Ridge Association of Realtors®, Inc., 181 Garber Lane, Winchester, VA 22602 **OR** via email to: Lauri@brarva.com **Please place "Awards Application" in subject line.**

Name (Individual or Team) _____

Current Firm- _____ Phone _____

A INDIVIDUAL APPLICATION Choose only one (1) TOTAL VOLUME \$ _____

If you have a licensed assistant you must apply for a Team Award

- Chairman's Award (\$3,500,000 - 5,999,999) or 18-29 closed transactions
- Director's Award (\$6,000,000 - 9,999,999) or 30-44 closed transactions
- President's Award (\$10,000,000 or more) or 45+ closed transactions
- Hall of Fame-Application is not required. Inductions occur the year after receiving Presidents Club Award 5 times out of the past 7 years.
- HOF Platinum Award (\$10,000,000 or more **AND** have already been inducted into the **Hall of Fame.**)

List an organization within our community you have donated your time or money to support this year:

This is to certify that the above-named applicant was associated with this firm during the period January 1, 2024, through December 31, 2024, and was a member in good standing at BRAR; that the amount set forth above represents transactions that settled during the period of January 1, 2024, and December 31, 2024; and that the transactions were the transactions of the above-named Applicant or TEAM (if award is being placed in the TEAM name).

Certifying Broker Name _____

Phone _____

Certifying Broker Signature _____ Date _____

Applicant's Signature _____

If affiliated with another Firm(s) in 2024 beside your current firm, please indicate below. **ALL BROKERS** you were affiliated with in 2024 **MUST** sign off on Volume Sold for all volume to be used for awards purposes.

Firm Name: _____

Phone _____ Date of Affiliation: _____

Broker Signature: _____

Print Name below as it should appear on the award:
