



PROUDLY PROTECTING L.A.
NEIGHBORHOODS + HABITATS.



LOS ANGELES
FIRE
DEPARTMENT
FOUNDATION

Name: _____ License Number: _____ Today's Date: _____
Email: _____ Phone Number: _____

1. How long have you been a Realtor?

2. Are you full-time or part-time Realtor?

full-time part-time

3. Please list any other organizations that you belong to

4. How many properties have you sold in LA County in the last 24 months?

5. What knowledge or insight would you like to gain, to share with your community?

6. What impact would you like to see in your community and with your clients.

7. What should we expect from you as a member of the Realtor Fire Safety Council?

8. Will you maintain a professional image, integrity and discernment in your social media posts once you become part of this organization?

Yes No

9. Are you comfortable with photographs being taken of you and posted as a part of this organization?

Yes No