



BRANCH OFFICE APPLICATION MONMOUTH OCEAN REGIONAL MULTIPLE LISTING SERVICE

Thank you for your inquiry and interest in joining the Monmouth Ocean Regional Multiple Listing Service. Please complete and return the following:

1. Office Membership Application for Monmouth Ocean Regional Multiple Listing Service which includes:
 - Completed Application
 - Branch application fee of \$50.00
 - Annual MLS Participation fee for office Broker (Call Association office for amount).
2. Agency Status Report.
3. Letter from Primary Board stating Local, State and National dues are current for the Broker and all licensees within the agency.
4. Copy of Real Estate license for both Broker and Office.

**THE BROKER IS RESPONSIBLE TO PAY FEES FOR ALL LICENSEES IN THE OFFICE
(CALL ASSOCIATION OFFICE FOR FEE AT TIME OF APPLICATION)**

All licensees must complete the Associate Application in order to receive their MLS ID# and password in order to access to the computer. If applications are not completed, agent will remain as a non-member until application is completed and returned to association office with a letter of good standing and payment.

If you have any questions, please the Director of Membership at the Association Office.

Thank You,

Membership Department



BROKER OF RECORD APPLICATION FOR MONMOUTH OCEAN REGIONAL MULTIPLE LISTING SERVICE

I, the undersigned member of the Monmouth Ocean Regional REALTORS[®], hereby make application for membership in the Monmouth Ocean Regional Multiple Listing Service, a service of the Board, and enclose my check in the amount of \$500.00, in accordance with Article IV, Section 2 of the Monmouth Ocean Regional REALTORS[®], Rules and Regulations.

BROKER OF RECORD: _____

LICENSE NO.: _____

FIRM NAME: _____

ADDRESS: _____
(STREET) (CITY AND STATE) (ZIP)

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

**ALL SALES ASSOCIATES/BROKERS MUST BE LISTED ON THE ATTACHED AGENCY STATUS REPORT.
THE BROKER IS RESPONSIBLE TO PAY FOR ALL SALES ASSOCIATES/BROKERS THAT HANG THEIR LICENSE
IN THE OFFICE.**

I am applying for membership in Monmouth Ocean Regional Multiple Listing Service, I hereby waive all claims against the Monmouth Ocean Regional REALTORS[®], its Officers and Directors and any and all members arising out of any act in connection with this application. I hereby affirm that I will abide by the Rules and Regulations of the Monmouth Ocean Regional REALTORS[®] and will be personally responsible for the payment of all dues and fees incurred by me.

DATE

BROKER OF RECORD SIGNATURE



AGENCY STATUS REPORT

NAME OF AGENCY: _____

LICENSE NO.: _____

ADDRESS OF AGENCY: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

BROKER OF RECORD: _____

LICENSE NUMBER OF BROKER OF RECORD: _____

NAME OF OFFICE MANAGER: _____

LICENSE NUMBER OF MANAGER: _____

TYPE OF ORGANIZATION:

() SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION

IF PARTNERSHIP, LIST PARTNERS:

IF CORPORATION, LIST OFFICERS:

AGENCY FEDERAL TAX ID No.: _____

I CERTIFY THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS ALSO AUTHORIZES ANY DESIGNATED REPRESENTATIVE OF THE MONMOUTH OCEAN REGIONAL REALTORS® TO VERIFY THIS INFORMATION.

DATE

BROKER OF RECORD SIGNATURE



APPLICATION FOR MONMOUTH OCEAN REGIONAL MULTIPLE LISTING SERVICE

I hereby apply for participation in the Monmouth Ocean Regional Multiple Listing Service and agree to abide by the Rules and Regulations of the Monmouth Ocean Regional REALTORS®. I hereby, irrevocably, waive any and all claims against the Association, its Officers, Directors or Members for any act in connection with the business of the Multiple Listing Service of the Association and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling or otherwise disciplining me as a participant of the Multiple Listing Service.

NAME: _____

RESIDENCE ADDRESS: _____
(Street) (CITY AND STATE) (ZIP)

CELL PHONE: _____

EMAIL ADDRESS: _____

N.J. REAL ESTATE LICENCE No. _____ ()Broker ()Salesperson

NAME OF FIRM: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: : _____
(Street) (CITY AND STATE) (ZIP)

DATE

APPLICANT SIGNATURE

I am the employing Licensed Real Estate Broker of the above applicant. I certify that he/she will be fully trained and familiarized with the Real Estate License Act, and the Rules and Regulations of the Multiple Listing Service of the Monmouth Ocean Regional REALTORS®, prior to being permitted to show, list or sell property of any kind.

DATE

EMPLOYING BROKER SIGNATURE



Payment Information & Check List

Please include with your application

- Completed applications with SIGNATURES***
- Letter of Good Standing (if applicable)***
- Acceptable form of payment: Check or Credit Card***

Please make checks payable to **Monmouth Ocean Regional REALTORS®**

Name _____

Credit Card Information: ____ VISA ____ MC ____ AMEX ____ DISC

Card # _____ Exp. Date: _____

Amount Paid: \$_____

Signature: _____

NOTE: All necessary paperwork (*with signatures*) along with your payment, must be submitted together.
The omission of any documentation WILL delay the processing of your application.