

Monmouth Ocean Regional REALTORS®
4000 Rt. 66, One Hovchild Plaza, Suite 210, Tinton Falls, NJ 07753

Phone: 732-918-1340 * www.MORR.realtor

ASSOCIATION APPLICATION FOR NEW PRIMARY OFFICE

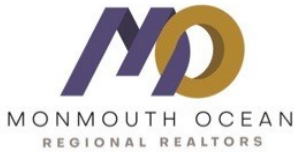
Thank you for your interest in joining the Monmouth Ocean Regional REALTORS®, Inc. and the Monmouth Ocean Regional Multiple Listing Service. Please complete all the forms listed below:

1. REALTOR® Application which includes:
 - Completed application
 - One time application fee of \$250.00
 - Dues pro-rated at the time of orientation (Call office for dues amount)®
2. Copy of your Broker's license and the office license.
3. Agency Status Report
5. Applications and Fees for *every Licensee in the office* which includes:
 - Application For Association Membership
 - Annual dues for each licensee (call Association office for amount).

MANDATORY ORIENTATION IS REQUIRED FOR ALL NEW BROKERS AND ALL AGENTS. ANY AGENT NOT ATTENDING ORIENTATION WILL BE CLASSIFIED AS A NON-MEMBER AND WILL NOT BE GIVEN ACCESS TO THE MULTIPLE LISTING SERVICE. BROKER IS RESPONSIBLE FOR PAYMENT OF FEES FOR ALL LICENSEES IN THE OFFICE. APPLICATIONS WILL BE RETURNED IF ALL OF THE ABOVE CRITERIA IS NOT MET AND PAYMENT IS NOT ENCLOSED.

Thank You,

Membership Department



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BROKER OF RECORD APPLICATION FOR ASSOCIATION MEMBERSHIP

I, hereby apply for REALTOR® membership in the Monmouth Ocean Regional REALTORS®. In the event my application is approved, I agree to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitutions, By-Laws, and Rules & Regulations of the above named Association, the State Association and the National Association, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, By-Laws, Rules & Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, By-Laws, Rules and Regulations, and duty to arbitrate, all as from time to time amended.

NOTE: Applicant acknowledges that if accepted as a member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Name as shown on License: _____

License No. (Broker): _____

Office Address: _____
(STREET) (CITY AND STATE) (ZIP)

Office Phone: _____ Cell Phone _____

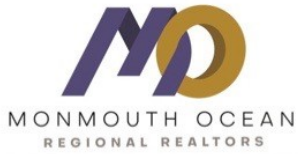
Does your office comply with zoning requirements for its location? Yes () No ()

Residence Address: _____
(STREET) (CITY AND STATE) (ZIP)

CELL Phone # _____ Email Address _____

DATE

BROKER OF RECORD SIGNATURE



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AGENCY STATUS REPORT

NAME OF AGENCY: _____ Lic #: _____

ADDRESS OF AGENCY: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

BROKER OF RECORD: _____ Lic #: _____

NAME OF OFFICE MANAGER: _____ Lic #: _____

FORM OF ORGANIZATION:

() SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION

IF PARTNERSHIP, LIST PARTNERS:

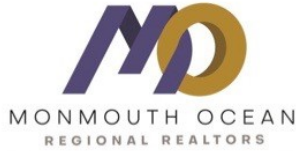
IF CORPORATION, LIST OFFICERS:

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



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APPLICATION FOR ASSOCIATION MEMBERSHIP

I hereby apply for Associate Membership in the Monmouth Ocean Regional REALTORS®, Inc. I agree to abide by the Association's Constitution, By-Laws, Rules & Regulations, and the Code of ETHICS of the National Association of REALTORS® and Multiple Listing Rules if applicable. I hereby irrevocably waive any claims against the Association or any of its Officers, Directors or Members for any act in connection with the business 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 an applicant or as a member.

NAME: _____

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

CELL PHONE: _____ EMAIL ADDRESS: _____

NJ REAL ESTATE LICENSE NO. _____ () Broker () Salesperson

NAME OF AGENCY: _____

ADDRESS (Main or Branch Office where you will be working):

(STREET) (CITY AND STATE) (ZIP)

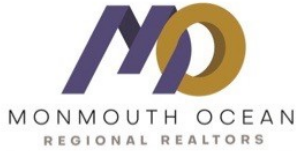
DATE

APPLICANT SIGNATURE

I REALTOR®, 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 By-Laws of the Monmouth Ocean Regional REALTORS® and its Multiple Listing Rules if applicable, prior to being permitted to show, list or sell property of any kind. To the best of my knowledge, based upon a thorough knowledge of the applicant's background, I believe that he/she will make a proper representative of my office and of this Association. I certify that all statements in this application are true to the best of my knowledge and that no material fact has been omitted or concealed.

DATE

EMPLOYING BROKER



Payment Information & Check List

- 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.