

APPLICATION FOR NEW PRIMARY OFFICE BOARD AND MLS MEMBERSHIP

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. REALTOR® Application for Monmouth Ocean Regional Multiple Listing Service which includes:
 - Completed Application
 - Application fee of \$500.00
 - Annual fee for office Broker (Call Association office for fee amount).
- 3. Copy of your Broker's license and the office license.
- 4. Agency Status Report
- 5. Applications and Fees for every Licensee in the office which includes:
 - Application for Monmouth Ocean Regional Multiple Listing Service
 - MLS Fees for each Licensee (call Association office for amount).
 - 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



BROKER OF RECORD APPLICATION FOR MONMOUTH OCEAN REGIONAL MULTIPLE LISTING SERVICE

BROKER OF RECORD:		
FIRM NAME:		
ADDRESS:(STREET)		(7ID)
,	,	
PHONE:		
E-MAIL ADDRESS:		
ALL SALES ASSOCIATES/BROKERS MUST BE I BROKER IS RESPONSIBLE TO PAY FOR ALL S THE OFFICE.	LISTED ON THE ATTACHED AGENCY ALES ASSOCIATES/BROKERS THAT	Y STATUS REPORT. THE HANG THEIR LICENSE IN
I am applying for membership in Monmoutl claims against the Monmouth Ocean Regional members arising out of any act in connectio Rules and Regulations of the Monmouth Oce the payment of all dues and fees incurred by	n with this application. I hereby af ean Regional REALTORS® and will b	Service, I hereby waive al tors and any and all firm that I will abide by the be personally responsible fo
DATE	BROKER OF RECORD SIGNATI	IRF



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)
Phone:		
Residence Address:(STREET)	(CITY AND STATE)	(ZIP)
	Email Address	, ,
DATE	BROKER OF RECORD SI	GNATURE



AGENCY STATUS REPORT

NAME OF AGENCY:	Lic #:	
ADDRESS OF AGENCY:		
PHONE:	FAX:	
E-MAIL ADDRESS:		
	Lic #:	
NAME OF OFFICE MANAGER:	Lic #:	
DATE	BROKER OF RECORD SIGNATURE	



AFFILIATED LICENSEES THE FOLLOWING ARE ALL THE LICENSEES WHICH ARE AFFILIATED WITH MY AGENCY/BRANCH

NAME/HOME ADDRESS	NJ LICENSE REFERENCE #
I CERTIFY THE ABOVE STATEMENTS ARE TRUE TO ALSO AUTHORIZES ANY DESIGNATED REPRESENTATE REALTORS® TO VERIFY THIS INFORMATION.	THE BEST OF MY KNOWLEDGE AND BELIEF. THIS FIVE OF THE MONMOUTH OCEAN REGIONAL
DATE BR	OKER OF RECORD SIGNATURE

I am applying for participation in the Monmouth Ocean Regional Multiple Listing Service of the

MULTIPLE LISTING BROKER APPLICATION

Monmouth Ocean Regional REALTORS®, Inc. I agree to abide by the Multiple Listing Rules & Regulations.

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:(Please Print)		
RESIDENCE ADDRESS:(Street)	City/State)	(Zip)
CELL PHONE: EMAIL A	ADDRESS:	
N.J. REAL ESTATE LICENCE REFERENCE No	()Broker	
NAME OF FIRM:		
ADDRESS:		
Street	City/State	Zip
PHONE:	FAX:	
E-MAIL ADDRESS:		
I agree to pay the Multiple Listing Fees a pant in the Multiple Listing Service.	as presently established, as lo	ng as I am a partio
Date		
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:	SOCIAL SECURITY#:	
RESIDENCE ADDRESS:(Street)	(CITY AND STATE)	(ZIP)
CELL PHONE:		
N.J. REAL ESTATE LICENCE No	()B	Broker ()Salesperson
NAME OF FIRM:	BUSINESS PHONE:	
BUSINESS ADDRESS: :(Street)	(CITY AND STATE)	(ZIP)
DATE	APPLICANT SIGNATURE	
trained and familiarized with the	al Estate Broker of the above applicant. I certify tha e Real Estate License Act, and the Rules and Regulat Service of the Monmouth Ocean Regional REALTORS®, operty of any kind.	ions of the Monmoutl
DATE	EMPLOYING BROKER SIGNAT	URE



NIA AAE.

Monmouth Ocean Regional REALTORS®

4000 Rt. 66, One Hovchild Plaza, Suite 210, Tinton Falls, NJ 07753

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

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	() Bro	oker () Salesperson
NAME OF AGENCY:		
ADDRESS (Main or Branch Office where y	ou will be working):	
(STREET)	(CITY AND STATE)	(ZIP)
DATE	APPLICANT SIGNATURE	
I,	TOR [®] , am the employing Licensed Real Estate fully trained and familiarized with the Real Es gional REALTORS [®] and its Multiple Listing Rule property of any kind. To the best of my know ackground, I believe that he/she will make a p Association. I certify that all statements in this material fact has been omitted or concealed.	e Broker of the above state License Act and es if applicable, prio vledge, based upon a proper s application are true
DATE	EMPLOYING BROKER	

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Payment Information & Check List Please include with your application

	Completed applications with <u>SIGNAT</u>	URES		
	Letter of Good Standing (if applicab	le)		
	Acceptable form of payment: Check	or Credit Ca	rd	
	e make checks payable to Monmouth Ocear	_		
	Card Information: VISAMC			
Card #	<i></i>	Exp. Date: _		
Amour	nt Paid: \$			
Signat	ure:			
NOT	To All management managements ()	ith aiasa	المناسعة المسامة	

<u>NOTE</u>: 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.



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Primary field of business (select one):	
General Residential Sales (most common) New Homes Residential Lots Condominiums Second Homes General Commercial Sales/Leasing Office Sales/Leasing Real Estate Office Administrative Support Staff - Licensed Other (please specify)	Buyer Brokerage Vacation Rentals Manufactured Homes Timeshare Sales Property Management Land Sales/Leasing Retail Sales/Leasing Association Executive Association Office Assistant Real Estate Office Administrative Support Staff – Not Licensed Volunteer