



Monmouth Ocean Regional REALTORS®
4000 Rt. 66, One Hovchild Plaza, Suite 210, Tinton Falls, NJ 07753
Phone: 732-918-1340 * www.MORR.realtor

APPLICATION
Monmouth Ocean Regional REALTORS®

Dear Associate:

Welcome to the Monmouth Ocean Regional REALTORS®. Please complete the attached application and have the application signed by your Broker.

Please supply the following:

- 1) Completed and signed Board application.
- 2) Payment of Board fee (call Association Office for amount).

Please contact the Director of Membership at 732-918-1340 for additional information.

Membership



APPLICATION FOR ASSOCIATION MEMBERSHIP

I hereby apply for Associate Membership in the Monmouth Ocean Regional REALTORS®. 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)

I agree to pay the fees presently established as long as I am a member of this Association.

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 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

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®

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

Name _____

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.



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REGIONAL REALTORS

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Primary field of business (select one):

- | | | | | | |
|---|---|---|--|---|---|
| <input type="checkbox"/> General Residential Sales (<i>most common</i>) | <input type="checkbox"/> New Homes | <input type="checkbox"/> Buyer Brokerage | <input type="checkbox"/> Vacation Rentals | <input type="checkbox"/> Manufactured Homes | |
| <input type="checkbox"/> Residential Lots | <input type="checkbox"/> Condominiums | <input type="checkbox"/> Second Homes | <input type="checkbox"/> Timeshare Sales | <input type="checkbox"/> Property Management | <input type="checkbox"/> Land Sales/Leasing |
| <input type="checkbox"/> General Commercial Sales/Leasing | <input type="checkbox"/> Office Sales/Leasing | <input type="checkbox"/> Retail Sales/Leasing | <input type="checkbox"/> Association Executive | <input type="checkbox"/> Association Office Assistant | |
| <input type="checkbox"/> Real Estate Office Administrative Support Staff - Licensed | <input type="checkbox"/> Real Estate Office Administrative Support Staff - Not Licensed | <input type="checkbox"/> Volunteer | | | |
| <input type="checkbox"/> Other (please specify) | | | | | |