



APPLICATION FOR NEW AGENT MEMBERSHIP

Dear Associate:

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

**All Orientation classes begin promptly at 9:00 AM
and run for approximately three hours.**

Orientation Date: _____

Mm/dd/yy

Orientation classes are held at:

Monmouth Ocean Regional Realtors
One Hovchild Plaza,
4000 Rt.66, 2nd Floor, Suite 210
Tinton Falls, NJ 07753

Payment can be made by check, money order or credit card.

RPAC (REALTORS® Political Action Committee) is a voluntary contribution. A check in the amount of \$20.00 to RPAC (REALTORS® Political Action Committee) will be taken at this time if you choose to make a contribution. RPAC was organized to establish the real estate industry as a concerned, involved political constituency at all levels of government. RPAC funds are allocated for public advocacy positions on real estate issues. ***This is a voluntary contribution but we strongly recommend membership in RPAC and request your serious consideration.***

Regards,

Denise Pernicone

Director of Membership



MONMOUTH OCEAN
REGIONAL REALTORS

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®. 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. _____ (Salesperson)

NAME OF AGENCY: _____

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

(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 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

Email: Membership@MORR.realtor

Fax: 732-918-1906

Phone: 732-918-1340



APPLICATION FOR THE MONMOUTH/OCEAN 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 Multiple Listing. 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 Monmouth Ocean Regional 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. _____ (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



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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) | | | | | |



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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.

Email: Membership@MORR.realtor

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