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**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<sup>®</sup>, prior to being permitted to show, list or sell property of any kind.

\_\_\_\_\_  
 DATE EMPLOYING BROKER SIGNATURE



MONMOUTH OCEAN  
REGIONAL REALTORS

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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

Fax: 732-918-1906

Phone: 732-918-1340