

Sussex County Association of REALTORS® 351 Sparta Avenue, Suite 101A, Sparta, NJ 07871 Phone: 973-383-3949 • scarnj@embarqmail.com



APPLICATION FOR SECONDARY MEMBERSHIP

I hereby apply for **REALTOR®** membership in the above named Association, enclosing my payment in the amount of \$______. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, and the Constitution, Bylaws, and Rules and Regulations of the SUSSEX COUNTY ASSOCIATION OF REALTORS®, the NEW JERSEY REALTORS®, and the NATIONAL ASSOCIATION OF REALTORS®, and I further agree to attend an Orientation Program on such Code, Constitution, Bylaws, and Rules and Regulations. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member, or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

i nereby submit the joubwing injormatio	n for your consideration:	
Name as shown on license:		
License No.:	E-Mail:	
Residence:		
Home Phone:	Cell Phone:	
Preferred Phone: Home Cell	Firm	
Are you actively engaged in the Real E	state business? Yes No Salesperson Broker	
Firm Name:	Phone:	_
Address:	Fax:	_
Position with firm: Principal Pa	artner Corporate Officer Trustee Employer Independent Co	macio
Have you previously held membership in	this or any other association/board? Yes No	
Have you previously held membership in	this or any other association/board? Yes No (Name & Location)	
Have you previously held membership in Have you any unsatisfied obligations to	(Name & Location)	
Have you any unsatisfied obligations to	(Name & Location)	
Have you any unsatisfied obligations to Has your real estate license, in this or an	(Name & Location) your previous association/board? Yes No	
Have you any unsatisfied obligations to Has your real estate license, in this or an	(Name & Location) your previous association/board? Yes No y other state, been suspended or revoked? Yes No	



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Are there now, or have there been within the past five years any complaints, against you or a firm with which you have been associated, before any state real estate regulatory agency or any other agency of government?

Yes

No

If "Yes," specify the substance of the each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint.				
Have you ever been conv	victed of a crime?	Yes	No	
To Be Complete	ed by Applicants	who are Prin	ncipal, Partner, Corporate Officer or Trustee of Firm	
Ownership of Firm is:	Individual	Partnership	Corporation	
Principals, Partners, Corbusiness are the following		Trustees assoc	ociated with the firm and actively engaged in the real estate	
Licensees (full and part t	time) associated w	vith the firm a	are the following:	
			d by me is true and correct, and I agree that failure to provide misstatement of fact, shall be grounds for revocation of my	
I agree that, if accepted festablished.	for membership in	n the Associat	ation, I shall pay the fees and dues as from time to time	
)ate:	Signed:			