



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



APPLICATION FOR MEMBERSHIP

I hereby apply for **REALTOR®** membership in the above-named Association, enclosing my payment in the amount of \$ _____ (see REALTOR® Prorated Dues Schedule). Fees are non-refundable. 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 within 60 days 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 hereby submit the following for your consideration:

Name as shown on license: _____

Broker Salesperson **Membership:** Primary In-State Secondary Out-of-State Secondary

RE License No: _____ E-Mail: _____

Residence: _____

Home Phone: _____ Cell Phone: _____

Preferred Phone: Home Cell Firm Date of Birth: _____

Primary Field of Business: General Residential Sales General Commercial Sales Other

Language(s) you are fluent in, besides English: _____

Firm Name: _____ Phone: _____

Address: _____

Have you previously held membership in this or any other Association/Board? **Yes** **No**

If Yes: Name and Location of Previous Board: _____

Have you any unsatisfied obligations to your previous Association/Board? **Yes** **No**

NRDS # (if known): _____

PLEASE SUBMIT A LETTER OF GOOD STANDING IF YOU ARE A CURRENT MEMBER

Has your real estate license, in this or any other state, been suspended or revoked? **Yes** **No**
(If yes, please provide the details as an attachment)

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three years or are there any such complaints pending? **Yes** **No**
(If yes, please provide the details as an attachment)

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted.

I agree that, if accepted for membership in the Association, I shall pay the fees (**fees are non-refundable**) as they are established as long as I am a member of the Association.

Signature of Applicant

Date

I, the undersigned REALTOR®, am the employing Licensed Broker of Record and Designated REALTOR® (or authorized Office Manager) of the above applicant. I certify that all statements in the application are true to the best of my knowledge and that no material fact has been omitted or concealed.

Signature of Designated REALTOR®

Date

FOR OFFICE USE ONLY:

NRDS ID: _____

Date Processed: _____

- Entered into GrowthZone
- Entered into Newsletter List