

## **GSMLS, LLC Agent Transfer to New Broker**

This is to notify Garden State MLS, Supra Products, Inc. and National Cooperative Bank that I have transferred to another Broker as follows:

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Agent ID (6 numbers, starts with a 2 or 3)

Agent's Name (please print)

New Office Name

Home Address

New Office ID (4 or 6 numbers)

Home City, State Zip

New Office Street Address

NJ Real Estate License # (7 Numbers)

New Office City, State Zip

Cell Phone (include area code)

New Office Phone

Agent's Signature

New Broker/Manager's Signature

**Board of Realtors:** I am a member of the following Board of REALTORS (NOT YOUR MLS)

- Atlantic City & County (P) 609-652-8486 (F) 609-652-6437
- Cape May County (P) 609-624-3500 (F) 609-624-9400
- CORE (P) 609-392-3666 (F) 609-394-3939
- Cumberland County (P) 856-692-1118 (F) 856-692-2894
- Gloucester Salem (P) 856-345-1116 (F) 856-345-1117
- Greater Bergen (P) 201-444-3100 (F) 201-444-6368
- Liberty (P) 201-867-4415 (F) 201-864-7640
- Metro Centre (P) 732-442-3400 (F) 732-442-7323

- Monmouth Ocean (P) 732-918-1340 (F) 732-918-1906
- Nexus (P) 856-428-1013 (F) 856-428-1393
- NCJAR (P) 973-425-0110 (F) 973-425-2590
- Ocean City (P) 609-399-0128 (F) 609-399-2030
- Sussex County (P) 973-383-3949 (F) 973-383-0054
- Warren County (P) 908-453-3600 (F) 908-453-3650
- Other \_\_\_\_\_

To the Garden State Multiple Listing Service, LLC, I have read my Designated REALTOR's copy and agree to abide by the Rules and Regulations of the Service and the By-Laws of the State and National Association as they now exist or may be hereafter amended, and I agree to adhere to the Code of Ethics of the NATIONAL ASSOCIATION of REALTORS, including the duty to arbitrate controversies arising out of the real estate transactions as defined in the procedures of the NATIONAL ASSOCIATION of REALTORS arbitration manual. I further understand that my Designated REALTOR's Membership in the Garden State MLS is a requirement for me to be entitled to use the computerized programs of the service and to purchase products offered by the GSMLS. I understand that allowing someone who is not a Participant/Subscriber member or Service Recipient of this MLS to use my identification number is a severe violation of the Rules and Regulations, and may subject me to substantial fines and possible revocation of my privileges. *Semi-Annual Dues: Send Check to GSMLS in the amount of \$62.50\* (\*additional reinstatement fee may apply). Send or deliver check with application to GSMLS, 1719 Route 10 East, Suite 223, Parsippany, NJ 07054. If paying with a credit card, you will be able to pay online after your application is processed.*

**\*\*\* MUST BE SIGNED BY YOUR LOCAL BOARD OF REALTORS \*\*\***

Board Representative's Name

Board Representative's Signature

Date

**All of the above information MUST be completed for the transfer to take place.** Incomplete or missing information will cause this form to be returned and the transfer to be delayed. This form should be emailed to membership@gsmls.com, faxed to 973-984-1790 or mailed to GSMLS, 1719 Route 10 East, Suite 223, Parsippany, NJ 07054.

### **Below is For GSMLS Office Use Only**

Date Received at GSMLS

Date Completed

GSMLS Membership Signature