



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



APPLICATION FOR NEW OFFICE

I hereby apply **REALTOR®** membership in the above named Association for the Real Estate Office listed below, enclosing my payment in the amount of \$300. 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. 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 information for your consideration:

Firm Name: _____ Phone: _____

Broker of Record: _____

Address: _____ Fax: _____

Firm License No.: _____ Broker License No: _____

Has this firm previously held membership in this or any other association/board? Yes No

(Name & Location) _____

Does this firm have any unsatisfied obligations to your previous association/board? Yes No

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 place(s) and date(s) of such action, and detail the circumstances relating thereto:

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.

Date: _____ Signed: _____

FOR OFFICE USE ONLY

NRDS ID: _____

Date of Announcement of Membership: _____

Entered in Membership System

Entered in Newsletter List

Payment Processed

Date Completed Orientation: _____