



Monmouth Ocean Regional REALTORS®

4000 Route 66, One Hovchild Plaza, Suite 210, Tinton Falls, NJ 07753
Phone: 732-918-1340 * www.MonmouthOceanRealtors.com

CHANGE OF BROKER FORM

OLD INFORMATION

Office Name:

Broker:

Street:

City:

State:

Zip code:

Phone:

County

Email Address:

NEW INFORMATION

Office Name:

Broker:

Street:

City:

State:

Zip code:

Phone:

County

Email Address:

IN ORDER TO PROCESS THIS APPLICATION IN A TIMELY MANNER ALL OF THE ABOVE CRITERIA MUST BE MET.



Monmouth Ocean Regional REALTORS®

4000 Route 66, One Hovchild Plaza, Suite 210, Tinton Falls, NJ 07753
Phone: 732-918-1340 * www.MonmouthOceanRealtors.com

BROKER APPLICATION FOR STATUS

I hereby apply for BROKER membership in the Monmouth Ocean Regional REALTORS®. In the event my application is approved, I agree to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association and the Constitutions, By-Laws, and Rules & Regulations of the above named Association, the State Association and the National Association, and I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, By-Laws, Rules & Regulations, and duty to arbitrate. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, By-Laws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the Association, through its Membership Committee or otherwise to invite and receive information and comments about me from any Member or other person. I agree any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not from the basis of any action by me for slander, libel, or defamation of character.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

Name as shown on License: _____

License No. _____

Office Address: _____

(Street)

(Suite #)

(City)

(State)

(Zip)

Phone Number: _____

Residence: _____

(Street)

(City)

(State)

(Zip)

Cell Phone No. _____ Email Address: _____

(Date)

(Signature)