

**CAPE MAY COUNTY MULTIPLE LISTING SERVICE, INC.**

**1546 Route 9 North**

**Swainton NJ 08210**

**☎ (609) 624-3500    ☒ (609) 624-9400**

**2020 Participants Application – Broker of Record Joins  
as a member of CMCAR**

**(REQUIRED: COPY OF OFFICE REAL ESTATE LICENSE)**

I, \_\_\_\_\_, (DESIGNATED REALTOR®) hereby apply for participation in the **CAPE MAY COUNTY MULTIPLE LISTING SERVICE, INC.** Enclosed is my payment in the amount of **\$300.00** (\$250.00 MLS Application Fee and \$50.00 MLS Monthly fee), which I understand will be returned to me in the event I am not accepted. In the event my application is approved, I agree to complete the MLS portion of the orientation course of the above name Association and MLS and to thoroughly familiarize myself with the Association Bylaws & CMCMLS, Inc. Rules and Regulations, including the duty to arbitrate business disputes pursuant to the arbitration procedures established by the Association of REALTORS® in which one party holds membership or where an Association has jurisdiction over a town in which the property is located. I agree that my act of paying MLS fees and charges shall evidence my initial and continuing commitment to abide by the aforementioned Association bylaws, Code of Ethics and Rules and Regulations, and to arbitrate all as from time to time amended. I consent and authorize the CMCMLS, Inc., through its Membership Committee and Board of Directors, to invite and receive information and comment about me from any member or other person and I agree that 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 form the basis of any action by me for slander, libel or defamation of character.

I agree that if accepted as a Participant in the CMCMLS, Inc., I shall pay the fees and dues as from time to time established. I acknowledge that once accepted to membership, all dues/fees are non-refundable. I further acknowledge and agree that I am responsible for compliances with Association Bylaws and the MLS Rules and Regulations for all persons affiliated with my firm who utilize the services.

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

**I hereby submit the following information for your consideration:**

Mr.    Mrs.    Ms.   Name as shown on License: \_\_\_\_\_

Name As You Would Like It To Appear On Roster: \_\_\_\_\_

NJ Real Estate Broker License Number: \_\_\_\_\_

Company: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Check One:       Sole Proprietor       DBA       Partnership       Corporation

Position With Company:    Principal       Partner       Corporate Officer       Other

If Other, Please Explain: \_\_\_\_\_

I agree that, if accepted for MLS Participation in the CMCMLS, Inc., I shall pay the fees and dues as from time to time established.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

State the names and titles of all other principals, partners, or corporate officers of your firm:

_____	_____
(Name)	(Title)
_____	_____
(Name)	(Title)

Is the Office Address, as stated on page 1, your principal place of business?  Yes  No

Please list the name and address of all branch offices or other real estate firms in which you are a principal, partner or corporate officer within the jurisdiction of the Association:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Address)

Do you currently participate in any other MLS?  Yes  No Where? \_\_\_\_\_

Do you hold, or have you ever held, a real estate license in any other state?  Yes  No

If yes, specify the place and date of such action, and detail the circumstances relating thereto: \_\_\_\_\_

**\*\* In order to process your application a Member in Good Standing letter must be sent in with your application if you are becoming a secondary office.\*\***

Are there now any pending or unresolved complaints, or have there been within the past 5 years, any complaints against you or the 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 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 convicted of a felony?  Yes  No

If yes, give details including state and court of conviction: \_\_\_\_\_

Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceedings or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years?  Yes  No

If yes, specify the place and date of such action, and detail the circumstances relating thereto: \_\_\_\_\_

**NOTE:** Applicant acknowledges that if the applicant or any real estate firm in which the applicant is a sole proprietor, general partner, or corporate officer is involved in any pending bankruptcy or insolvency proceedings or has been adjudged bankrupt in the past three (3) years, the CMCMLS, Inc. may require as a condition of participation that the bankruptcy proceedings are initiated subsequent to obtaining participation in the MLS, that the participant may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the participant has been discharged from bankruptcy.

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, may be grounds for revocation of my membership if granted.

Signed \_\_\_\_\_  
Broker of Record Signature

Check payable to **CMCMLS - or -**

Amex, Discover, MC, Visa

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

# MLS Access for Participant (Broker)

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Office

---

Office Address

---

Name

---

Cell Phone #

---

Requested Login ID

---

Preferred Password

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Your EMAIL ADDRESS

---

Date

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Broker of Record Signature

If you have questions, please call (609) 624-3500. You can fax this form to Fax: 609-624-9400.

**Cape May County Multiple Listing Service**

1546 Route 9 North • Swainton, NJ 08210

Email to: [dmoore@cmcar.org](mailto:dmoore@cmcar.org)