

**CAPE MAY COUNTY ASSOCIATION OF REALTORS®**

**1546 Route 9 North Swainton NJ 08210**

**☎ (609) 624-3500 ☒ (609) 624-9400 [www.cmcar.org](http://www.cmcar.org)**

**2020 APPLICATION FOR SECONDARY REALTOR® MEMBERSHIP**

*(Primary Membership Outside New Jersey)*

**SECTION I**

I, \_\_\_\_\_, hereby apply for REALTOR® membership in the **CAPE MAY COUNTY ASSOCIATION OF REALTORS®**.

Enclosed is payment in the amount of \$\_\_\_\_\_ for my prorated membership dues payable directly to the Association and my Cape May County MLS payment of **\$120.00**

**Qualifications for Membership.** I understand that membership brings certain privileges and obligations that require compliance, including the following:

- I will attend new member orientation and MLS training within 90 days of the Association confirming my membership. Failure to meet this requirement may result in having my membership terminated. MLS subscription is provisional and subject to completing a 3-hour MLS training course within 90 days. Members will be notified of orientation and training dates.
- Membership in the Association necessarily means that I am also a member of New Jersey REALTORS® and National Association of REALTORS® and I agree to abide by the Code of Ethics of the National Association, which includes the duty to arbitrate (or to mediate if required by the association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, the State Association and the National Association. Further, if required, I agree to satisfactorily complete the periodic Code of Ethics training and a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and Regulations.
- I acknowledge that as a member of the Association, I will be licensed to use the REALTOR® trademarks to indicate such membership, and I agree to abide by the rules governing use of those trademarks. I understand that REALTOR® is a federally registered trademark of the National Association and use of this designation is subject to rules promulgated by the National Association. Upon termination of my membership in the Association for any reason, my license to use the term REALTOR® is automatically revoked and I will immediately discontinue use of the term REALTOR® and all REALTOR® trademarks.
- Membership is final only upon approval by the Board of Directors and may be revoked should completion of any membership requirement, such as orientation, not be completed within the timeframe established in the Association's bylaws.

| CONTACT INFORMATION: |  |                                                                                                                         |  |
|----------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| First Name           |  | Middle Name                                                                                                             |  |
| Last                 |  | Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> |  |

**Please allow at least two business days after application is received by CMCAR.  
Once accepted to membership, dues are not refundable.**

|                                                                                                                                        |  |        |                       |                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--|--------|-----------------------|----------------------------------------------------------|--|
| Name                                                                                                                                   |  |        |                       | Etc.                                                     |  |
| Nickname<br>(DBA):                                                                                                                     |  |        |                       |                                                          |  |
| Home Address:                                                                                                                          |  |        |                       |                                                          |  |
| City:                                                                                                                                  |  | State: |                       | Zip:                                                     |  |
| Home<br>Phone:                                                                                                                         |  |        | Cell Phone:           |                                                          |  |
| Fax:                                                                                                                                   |  |        |                       |                                                          |  |
| Primary E-<br>mail:                                                                                                                    |  |        | Secondary E-<br>mail: |                                                          |  |
| May the Association, as well as the State and the National Associations, communicate with you via text message?                        |  |        |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                                                                                                                        |  |        |                       |                                                          |  |
| <b>LICENSE INFORMATION:</b>                                                                                                            |  |        |                       |                                                          |  |
| Broker or Salesperson License #                                                                                                        |  |        |                       |                                                          |  |
| State of Licensure:                                                                                                                    |  |        |                       |                                                          |  |
| Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |        |                       |                                                          |  |
| If so, where:                                                                                                                          |  |        |                       |                                                          |  |
|                                                                                                                                        |  |        |                       |                                                          |  |
|                                                                                                                                        |  |        |                       |                                                          |  |

|                             |  |      |  |
|-----------------------------|--|------|--|
| <b>COMPANY INFORMATION:</b> |  |      |  |
| Office Name:                |  |      |  |
| Office Address:             |  |      |  |
| Office Phone:               |  | Fax: |  |

|                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------|--|
| <b>PREFERRED MAILING/CONTACT INFORMATION:</b>                                                                |  |
| Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Cell |  |
| Preferred E-mail: <input type="checkbox"/> Primary E-mail                                                    |  |
| Preferred Mailing: <input type="checkbox"/> Home <input type="checkbox"/> Office                             |  |

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**APPLICANT INFORMATION:**

Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules?<sup>1</sup>  Yes  No

Are you currently a member of any other Association of REALTORS®?  Yes  No

If yes, name of Association

Type of membership held:

Have you previously held membership in any other Association of REALTORS®?  Yes  No

If yes, name of Association

Type of membership held:

**\*\* In order to process your application a Member in Good Standing letter must be sent in with your application. \*\***

Do you have any unsatisfied discipline pending for violation of the Code of Ethics?<sup>2</sup>  Yes  No

If yes, provide details.

If you are now or have been a REALTOR® member before, please provide the information below.

Previous NAR membership (NRDS) #

Last date (year) of completion of NAR's Code of Ethics training requirement:

Have you ever been refused membership in any other Association of REALTORS®?  Yes  No

<sup>1</sup> The term REALTOR® is a federally registered collective membership mark which identifies a real estate professional who is a member of the National Association and subscribes to its strict Code of Ethics. The National Association's Trademark Rules are set forth in the Membership Marks Manual, available at: [www.realtor.org/mmm](http://www.realtor.org/mmm).

<sup>2</sup> Article IV, Section 2, of the NAR *Bylaws* prohibits Member Boards from knowingly granting REALTOR® or REALTOR-ASSOCIATE® membership to any applicant who has an unfulfilled sanction pending which was imposed by another association of REALTORS® for violation of the Code of Ethics. (Adopted 1/01)

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If yes, state the basis for each such refusal and detail the circumstances related thereto:

Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three (3) years?  Yes  No

If yes, provide details

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 further agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

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

Signature: \_\_\_\_\_

## **2020 New Member Rates**

### **MLS User Fee – Payable to CMCMLS (Not prorated)**

Annual Fee - \$120.00

| <b><u>START DATE</u></b> | <b><u>Association Dues – Payable to CMCAR</u></b> |
|--------------------------|---------------------------------------------------|
| January 1 & March 31     | \$328.00                                          |
| April 1 & June 30        | 263.50                                            |
| July 1 & September 30    | 199.00                                            |
| October 1 & December 31  | 134.50                                            |

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To pay by check:

(2) separate checks required

- Association Dues payable to CMCAR
- MLS User Fee payable to CMCMLS

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To pay by credit card:

- VISA, MasterCard, American Express, Discover

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

Expiration date \_\_\_\_\_

Name of card owner \_\_\_\_\_

Signature \_\_\_\_\_

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## MLS User Fee for Individual

***Data is confidential and licensed by Cape May County Multiple Listing Service, Inc. (CMCMLS). Access to CMCMLS is restricted and may only be used in accordance with the Cape County MLS Rules and Regulations. Participants and Users are prohibited from sharing UserIDs/Passwords. Conviction will result in immediate suspension from all MLS services.***

Please give the following person access to the Cape May County MLS. I understand the annual fee of **\$120.00** is payable now. I also acknowledge the CMCMLS User Fee is non-refundable.

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Your Name

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Office Name

---

Your cell phone # (to appear on listings)

---

Office Address

---

Login ID (agent chooses)

---

Password (agent chooses)

---

Website

---

Your EMAIL ADDRESS (Should be your *business* email)

---

Date

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Signature of Broker

If you have questions, please call (609) 624-3500. You can email this form to [dmoore@cmcar.org](mailto:dmoore@cmcar.org) or fax 609-624-9400.

**Cape May County Multiple Listing Service**

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