

CAPE MAY COUNTY MULTIPLE LISTING SERVICE, INC.

1546 Route 9 North Swainton, NJ 08210 | ☎ (609) 624-3500 ☒ (609) 624-9400

2021 MLS Participant (Broker of Record)

Type of Membership:

Participant (MLS ONLY)

\$345.00 (\$250.00 MLS One-Time Application Fee and \$95.00 monthly access fee)

Participant (Member of CMCAR®)

\$300.00 (\$250.00 MLS One-Time Application Fee and \$50.00 monthly access fee)

****Application for Secondary Membership/Fees Required****

(REQUIRED: COPY OF OFFICE REAL ESTATE LICENSE)

I, _____ (DESIGNATED REALTOR®) hereby apply for participation in the **CAPE MAY COUNTY MULTIPLE LISTING SERVICE, INC.** I understand my payment will be returned to me in the event I am not accepted. In the event my application is approved, I agree to thoroughly familiarize myself with the CMCMLS Bylaws & 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 monthly MLS fees and charges shall evidence my initial and continuing commitment to abide by the CMCMLS bylaws, and Rules and Regulations, and to arbitrate all as from time to time amended. I consent and authorize 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 CMCMLS 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 compliance with MLS Bylaws and the MLS Rules and Regulations for all persons affiliated with my firm who utilize the services.

NOTE: Applicant acknowledges that, if accepted as a Participant, he/she will submit to a pending mediation or 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.

Name as shown on License: _____ NJ Broker's License #: _____

Name of Brokerage as shown on License _____

Company Name/DBA: _____ NJ Brokerage License # _____

Office Address: _____

Phone: _____ Fax: _____ Email: _____

Website: _____ Tax ID Number: _____

NRDS # _____ Brokerage NRDS # _____

Check One: Sole Proprietor DBA Partnership Corporation
Position with Company: Principal Partner Corporate Officer Other

May the MLS contact you via text messaging _____ yes _____ no

- 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

****COPY OF PHOTO ID REQUIRED****

In order to process your application, a copy of your office real estate license and a Member in Good Standing letter from your primary REALTOR® association must be sent in with your application.

I am currently a member of another Association of REALTORS®

Association _____ Type of Membership _____

I previously held membership in another Association of REALTORS®

Association _____ Type of Membership _____

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.

Signature _____ Date _____

Requested credentials for the MLS system:

User ID/Login _____ Password _____

PAYMENT:

AmEx, Discover, MC, Visa Card #: _____ Expiration Date: _____

Signature of card holder: _____

Questions?

(609) 624-3500 x2 Fax: 609-624-9400 Email: dmoore@cmcar.org

