

CAPE MAY COUNTY ASSOCIATION OF REALTORS®

1546 Route 9 North, Swainton, NJ 08210 | ☎ (609) 624-3500 Fax (609) 624-9400 | www.cmcar.org

APPLICATION FOR BROKER MEMBERSHIP

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

I hereby apply for BROKER-REALTOR® Membership in the Cape May County Association of REALTORS®.

Application Fees and Dues: Enclosed is payment in the amount of \$_____ for my one-time new member fee and prorated membership dues payable directly to Cape May County Association of REALTORS®.

Type of Membership:

- **Primary** _____
- **Secondary** – Primary REALTOR membership ® is **in** New Jersey _____
- **Secondary** – Primary REALTOR® membership is **outside** of New Jersey _____

*(If primary is **in** New Jersey, you are already a member of New Jersey REALTORS®; if primary is **outside** New Jersey, your dues will include membership in New Jersey REALTOR®)*

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

- Membership in the Association necessarily means that I am also a member of the 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 (and mediate, as required by the Association), as well as the Constitution, Bylaws and Rules and Regulations of the Association, New Jersey REALTORS® 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.

NOTE: *The duty to submit to an ethics complaint continues in effect even after membership lapses or is terminated. Any ensuing discipline will be held in abeyance until such time as the respondent rejoins an association of REALTORS® (see Code of Ethics and Arbitration Manual, Section 20(e)). The duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while the former member was a REALTOR®.*

CONTACT INFORMATION:					
First Name		Middle Name			
Last Name		Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.		
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Fax:					
Primary E-mail:		Secondary E-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
LICENSE INFORMATION:					
Broker 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:					

COMPANY INFORMATION:		
Office Name:		
Office Address:		
Office Phone:		Fax: <input type="checkbox"/>

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

APPLICANT INFORMATION:	
Do you acknowledge that your use of the REALTOR® trademarks must comply with the National Association's trademark rules? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association	

¹ 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.

Type of membership held:		
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, name of Association		
Type of membership held:		
Do you have any unsatisfied discipline pending for violation of the Code of Ethics ? ² <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details.		
If you are now or have been a REALTOR® member before, please provide the information below.		
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®? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, state the basis for each such refusal and detail the circumstances related thereto:		
Do you have any record of civil judgments imposed within the past seven (7) years involving judgments of civil rights laws, real estate license laws, or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details:		
Do you have a record of criminal conviction(s) within the past seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> 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, Foundation) 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: _____

New Primary Member Rates

START DATE REALTOR® Dues - Payable to CMCAR®

January	\$560.00	July	\$332.50
February	\$547.50	August	\$320.00
March	\$535.00	September	\$307.50
April	\$446.25	October	\$218.75
May	\$433.75	November	\$206.50
June	\$421.25	December	\$193.75

Secondary Member Rates (Primary in New Jersey or already holds membership with New Jersey REALTORS®)

Start Date

January 1st - March 31 st	\$215.00
April 1 st - June 30 th	\$177.50
July 1 st - September 30 th	\$140.00
October 1 st - December 31 st	\$102.50

Secondary Member Rates (Primary outside New Jersey)

Start Date

January 1st - March 31 st	\$355.00
April 1 st - June 30 th	\$283.75
July 1 st - September 30 th	\$212.50
October 1 st - December 31 st	\$141.25

(All rates include a CMCAR® one-time new member fee of \$65)

TO PAY BY CHECK:

- Payable to CMCAR®

To pay by credit card:

- VISA, MasterCard, American Express, or Discover

Card # _____ Expiration date _____

Name of card owner _____

Signature _____