



APPLICATION FOR MEMBERSHIP*

TO: Cumberland County Board of REALTORS(A Board of REALTORS®)
727 Elmer Street, Vineland, NJ 08360, Phone#856-692-1118.Fax#856-692-2894

I hereby apply for REALTOR membership In the above Board, enclosing my check in the Amount of \$ 491.00, which is to be returned to me in the event on non-election. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, and the Constitution, Bylaws, and Rules and Regulations of the above named Board, the State Association, and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination of such Code, Constitutions, Bylaws, and Rules and Regulations. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the 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 hereby submit the following information for your consideration:

Name as shown on license (please print)

License NO. (Broker) (Salesperson)

Office name and address (Name) (Street)

(City) (State) (Zip Code) (Phone#)

Residence Address (Street)

(City) (State) (Zip Code) (Phone#)

PERSONAL DATA

(To be answered by Applicants for REALTOR® Membership)

Name as you want is to appear in Roster (Last Name) (First Name) (Initial)

Nickname Social Security Number

Email Address

Place of Birth Date of Birth (City) (State) (Country) (Mo.) (Day) (Year)

Highest level of education completed

First entered the real estate business At

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 membership if granted.

Date:

Signed: (Applicant)