

## Designated REALTOR® Membership Application

**Designated REALTOR®:** Each office shall designate one REALTOR® member, who shall also be a member of the Association, in order for licensees affiliated with the firm to select the Association as their "primary" association. The Designated REALTOR® is responsible for all duties and obligations of membership; including, but not limited to, the obligation to arbitrate or mediate disputes, notify the Association of agent changes, and ensure that the office maintains its REALTOR® office standing. If the Designated REALTOR® becomes inactive all other primary members associated with that office will also become inactive.

The "Designated REALTOR®" must be a sole proprietor, partner, corporate officer, or branch office manager acting on behalf of the firm's principal(s), and must meet all other qualifications for REALTOR® membership.

**If the applicant is not a current Mid Jersey Association of REALTORS® member, a New Member Application must be submitted with this form.**

### Designated REALTOR® Information:

Name: (as it appears on license)  Mr.  Mrs.  Ms.

First: \_\_\_\_\_ M.I.: \_\_\_\_ Last: \_\_\_\_\_

Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ R.E. License #: \_\_\_\_\_

### Office Information:

Office Name: \_\_\_\_\_

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

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

Broker of Record Name: \_\_\_\_\_

**South River Headquarters**  
 14 Old Bridge Turnpike  
 South River, NJ 08882  
 P: 732-442-3400  
 F: 732-442-7323

**Branchburg Location**  
 3461 US Highway 22 E, Building B  
 Branchburg, NJ 08876  
 P: 908-725-3117  
 F: 908-725-2466

In signing below, I am acknowledging my duties as a Broker and/or Designated REALTOR® and that I have filled out the form completely and to the best of my knowledge. If you are both the Broker and Designated REALTOR®, please sign on both lines.

**Designated REALTOR® Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Broker of Record Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit to [Membership@MidJerseyAoR.com](mailto:Membership@MidJerseyAoR.com) for processing.

(Revised 4/2024)

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