

Merger of CORE Association of REALTORS® and Metro Centre Association of REALTORS®

## **REALTOR® Office Membership Application**

Has this office been registered v	with another Association/Board? $\ \Box$ YE	S 🗆 NO
If YES, which:	Office NRDS #	
Office Information:		
Office Name:		
Office License #:		
Office Type:		
☐ Single (no branches)	☐ Main Office (branches exist)	☐ Branch Office
Office Physical Address:		
City:	State:	Zip Code:
Office Mailing Address:		
City:	State:	Zip Code:
Office Phone:	Office Fax:	
Broker/Owner Information:		
Owner Name*:	License #: _	
*Please submit additional owner r	names, if applicable	
Broker Name:	License #:	
Broker Phone:	Broker Email:	

\*PLEASE INCLUDE A COPY OF OFFICE LICENSE\*



If applicable:		
Office Manager Name:	License #:	
Office Manager Phone:	Office Manager Email:	
Office Assistant Name:	License #:	
Office Assistant Phone:	Office Assistant Email:	
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 meditate 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.		
<del>-</del>	must be a sole proprietor, partner, corporate officer, or branch office he firm's principal(s), and must meet all other qualifications for REALTOR®	
Designated Realtor® Name: _		
In signing below, I am acknowledging my duties listed 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.		
Broker Signature:	Date:	
Designated Realtor® Signature	e:Date:	

(Revised 4/2024)

Please submit to Membership@MidJerseyAoR.com for processing.

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