



WEST ESSEX BOARD OF REALTORS® (WEBOR)
311 Claremont Ave, Montclair, NJ 07042
(973) 655-9660 fax (973) 655-8070
<http://www.westessexbor.com> e-mail: info@westessexbor.com

SALES ASSOCIATES APPLICATION

Application is hereby made this _____ day of _____ 20__ for REALTOR® membership in the West Essex Board of REALTORS® and the necessary amount for dues for the current year is tendered herewith.

First Name of Applicant _____ Last Name _____

Residence Address _____ City/Zip _____

Office Name _____

E-Mail Address _____

Date of employment by present Broker _____

Social Security # _____ Nick Name _____

NJREC Reference (License) #: _____ NRDS ID # (if transferring) _____

I have been actively engaged in the real estate business since _____ Date joined firm _____

Are you engaged in real estate work full time? Yes No Previous or current career _____

Have you ever been a member of WEBOR? Yes No If yes, please indicate year _____

Previous State or Board Memberships: Yes No If yes, please indicate state/board _____

Have you paid state/national dues this year? Yes No If yes, please indicate state/board _____

I agree that as a condition of membership to complete the indoctrination/orientation course of the above mentioned Board of REALTORS®.

I agree to abide by the Bylaws, Code of Ethics of the National Association of REALTORS®, New Jersey Association of REALTORS® and the West Essex Board of REALTORS®. I irrevocably waive all claims against the Board or any of its officers, trustees or members for any act in connection with the business of the Board, and particularly as to its or their acts in electing or the failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as member. Upon the expiration of said membership for any cause I will discontinue the use of the designation

“REALTOR®” and the return to the Board all indications of membership in the Board, the New Jersey Association of REALTORS® and the National Association of REALTORS®.

I agree to arbitrate all disputes that I may have with any other REALTORS® in accordance with the Bylaws of the West Essex Board of REALTORS®, as amended, and now or hereafter supplemented, and the Code of Ethics of the National Association REALTORS® as amended and supplemented now or hereafter, and I further agree to accept the final decision of said Board.

I further agree that by submitting telephone and email address that I give consent to be contacted with professional information from WEBOR via email or facsimile.

Signature of Applicant

Signature of Designated REALTOR®

I have read the above application and I certify to the correctness thereof and approve. I understand that all dues/ fees paid are not refundable.

BOARD USE ONLY:

Payment: Check # _____ Visa / Master Card

Book: _____

REMS: _____

N/L: _____

Revised 7/04