



Eastern Bergen County Board of REALTORS®
90 Main Street – Suite 100
Hackensack, NJ 07601
Tel: (201) 488-2999 Fax: (201) 488-5599
Email: membership@bergenboard.com
www.bergenboard.com

New Office Information Form

Please complete and submit this form when establishing a new office or transferring office affiliation to the Eastern Bergen County Board of REALTORS®. There is a one-time \$200 processing fee when establishing a new office.

Firm Name: _____

Tax ID: _____ Corporate License #: _____

Office Address: _____

Office City/State/Zip: _____

Office Website: http:// _____

Please Check One: Main Office Branch Office

Company Information: Sole Proprietor Partnership Corporation LLC (Limited Liability Company)
 Other, specify _____

Your Name: _____

Your Position: Principal Partner Corporate Officer Majority Shareholder
 Branch Office Manager Nonprincipal Licensee

Name of Designated REALTOR®: _____

Names of other Partners/Officers of your firm: _____

In accordance with the Association's Bylaws, all above who are licensed real estate brokers actively engaged in the real estate profession are required to hold REALTOR® Membership.

Have you ever been refused membership in any other Association of REALTORS®?

Yes No (If yes, provide details as an attachment.)

Have you or your firm been found in violation of state real estate licensing regulations or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years?

Yes No (If yes, provide details as an attachment.)

Have you or your firm been convicted of a felony or other crime?

Yes No (If yes, provide details as an attachment.)



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Signature

I hereby certify that the foregoing information is true and correct, and I agree that failure to provide complete and accurate information, or any misstatement of fact, shall be grounds for revocation of my membership, if granted.

By signing below, I consent that the REALTOR® Associations (local, state and national) and their subsidiaries may contact me at the specified address, telephone numbers, fax numbers, email addresses or other means of communication provided. I understand that this consent also applies to changes in contact information that I may provide the Association(s) in the future.

Signature of Applicant

Date