



Eastern Bergen County Board of REALTORS®  
411 Route 17 South 5<sup>th</sup> Floor  
Hasbrouck Heights, NJ 07604  
Tel: (201) 288-5000 Fax: (201) 288-0511  
Email: membership@bergenboard.com  
www.bergenboard.com

## New Office Application 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 \$300 processing fee when establishing a new office.**

Firm Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Corporate License #: \_\_\_\_\_

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

Office City/State/Zip: \_\_\_\_\_

Office Website: http://\_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Office E-mail: \_\_\_\_\_

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