



**GREATER BERGEN
REALTORS®**

www.GreaterBergenRealtors.com

405 N. Midland Ave. Saddle Brook, NJ 07663
Phone: 201-244-7000
Membership@GreaterBergenRealtors.com

New Office Application Form

Please complete and submit this form when establishing a new office or transferring office affiliation to the Greater Bergen 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

Primary/Secondary Application: Primary Secondary If Secondary - NRDS#: _____

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. I understand that the \$300 processing fee is nonrefundable.

Signature of Applicant

Date



GREATER BERGEN REALTORS®

One Time Credit Card Payment Authorization Form

Please complete the information below:

I authorize GBR to charge my credit card account.

This payment is for the **GBR Office Fee.**

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Purchase Total _____

CREDIT CARD

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I understand that the fees are nonrefundable.