

REALTOR® OFFICE MEMBERSHIP APPLICATION

HAS THIS OFFICE BEEN REGISTERED WITH ANOTHER ASSOCIATION/BOARD OFFICE?

YES NO

IF YES, WHICH ASSOCIATION/BOARD OFFICE? _____

PLEASE INCLUDE OFFICE NRDS ID# _____

NAME OF OFFICE _____

OFFICE ADDRESS _____

OFFICE TELEPHONE _____ OFFICE FAX _____

OFFICE EMAIL ADDRESS _____

OFFICE WEBSITE ADDRESS _____

REAL ESTATE COMMISSION ASSIGNED OFFICE NUMBER _____

BROKER/OWNER _____

LICENSE NUMBER _____ NRDS ID# _____

OFFICE MANAGER/DESIGNATED REALTOR® _____

LICENSE NUMBER _____ NRDS ID# _____

OFFICE ADMINISTRATIVE ASSISTANT NAME _____

OFFICE ADMINISTRATIVE ASSISTANT EMAIL ADDRESS _____

PLEASE INCLUDE A COPY OF OFFICE LICENSE

Office Application Administration Fee: \$50.00

Payments can be sent to HSAR via fax at (908) 725-2466, or email to membership@hsar.com

Credit Card (please select one): Visa ___ MasterCard ___ American Express ___ Discover ___

Credit Card # _____ Exp. Date _____

Signature _____