

GSMLS, LLC Agent Reinstatement Form

This is to notify Garden State MLS, Supra Products Inc. and National Cooperative Bank that I am reinstating my membership with Garden State MLS:

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Agent ID (6 numbers starts with a 2 or 3)

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Office ID (4 or 6 numbers)

Agent's Name (please print)

Office Name

Home Address

Office Street Address

Home City, State & Zip

Office City, State & Zip

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Home Phone (include area code)

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Office

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NJ Real Estate License # (7 numbers)

GSMLS System Password (6-20 Letters and/or Numbers)

E-Mail Address (max 50 characters - including @ symbol) Be sure to include domain (ie., @aol.com, @gmail.com, etc.)

Agent's Signature

Broker/Manager's Signature

Board of Realtors: I am a member of the following Board of REALTORS (NOT YOUR MLS)

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|---|--|
| <input type="checkbox"/> Atlantic City & County (P) 609-652-8486 (F) 609-652-6437 | <input type="checkbox"/> Monmouth Ocean(P) 732-918-1340 (F) 732-918-1906 |
| <input type="checkbox"/> Cape May County (P) 609-624-3500 (F) 609-624-9400 | <input type="checkbox"/> Nexus (P) 856-428-1013 (F) 856-428-1393 |
| <input type="checkbox"/> CORE (P) 609-392-3666 (F) 609-394-3939 | <input type="checkbox"/> NCJAR (P) 973-425-0110 (F) 973-425-2590 |
| <input type="checkbox"/> Cumberland County (P) 856-692-1118 (F) 856-692-2894 | <input type="checkbox"/> Ocean City (P) 609-399-0128 (F) 609-399-2030 |
| <input type="checkbox"/> Gloucester Salem (P) 856-345-1116 (F) 856-345-1117 | <input type="checkbox"/> Sussex County (P) 973-383-3949 (F) 973-383-0054 |
| <input type="checkbox"/> Greater Bergen (P) 201-444-3100 (F) 201-444-6368 | <input type="checkbox"/> Warren County (P) 908-453-3600 (F) 908-453-3650 |
| <input type="checkbox"/> Liberty (P) 201-867-4415 (F) 201-864-7640 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Metro Centre (P) 732-442-3400 (F) 732-442-7323 | |

***** MUST BE SIGNED BY YOUR LOCAL BOARD OF REALTORS - INDICATING YOU ARE A MEMBER *****

Board Representative's Name

Board Representative's Signature

Date

All of the above information MUST be completed for the reinstatement to take place. Incomplete or missing information will cause this form to be returned and the reinstatement to be delayed. Completed reinstatement applications should be emailed to membership@gsmls.com, faxed to 973-984-1790 or mailed to GSMLS, 1719 Route 10 East, Suite 223, Parsippany, NJ 07054.

Below is For Office Use Only

Date Received at GSMLS

Date Completed

GSMLS Membership Signature