

Form 8**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)

Agent's Name (please print)

Office Name

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Home Address

Office ID (4 or 6 numbers)

Home City, State Zip

Office Street Address

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NJ Real Estate License # (7 numbers)

Office City, State Zip

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Home Phone (include area code)

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Office Phone

Agent's Signature

Broker/Manager's Signature

Please acquire an authorized signature confirming you are a member of the following Board of REALTORS

Board of REALTOR Signature

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

- | | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Eastern Bergen | <input type="checkbox"/> GUCAR | <input type="checkbox"/> Hudson | <input type="checkbox"/> Mercer | <input type="checkbox"/> HSAR |
| <input type="checkbox"/> Meadowlands | <input type="checkbox"/> Middlesex | <input type="checkbox"/> NCJAR | <input type="checkbox"/> Passaic | <input type="checkbox"/> Sussex |
| <input type="checkbox"/> Warren | <input type="checkbox"/> RealSource | <input type="checkbox"/> West Essex | <input type="checkbox"/> United Assn | |

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. This form must be 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