

**Morristown Office**  
910 Mt. Kemble Ave., Morristown, NJ 07960  
Telephone 973-425-0110 Fax 973-425-2590

**Springfield**  
45 Springfield Ave., Springfield, NJ 07081  
Telephone 973-564-7644 Fax 973-564-5793

## **NCJAR Affiliate Benefits**

**Access to over 7,000 REALTOR® Members**

**Opportunities to “OPEN” each of our New Member Orientation Classes  
(2 per month) with a brief bio of you, your company and its services**

**Attend all Seminars & Social Events**  
At the members reduced rate.

**Sponsor a “Knowledge & Network” breakfast (10 per year)**

**Set up a network table at all of our meetings and bi-monthly  
education workshops**

**Website Roster with links to Your Site and /or Email**

### **Sponsorship Opportunities**

Sponsorship is promoted with signs at the event, introduction of you and your company,  
network table and follow up recognition in our publications

**“New Affiliate Member” Bio in Our Newsletter**

### **Affiliate of the Year Award**

Recognition of an affiliate member for their contributions to the Association

**Company brochures and business promotional items will be displayed prominently at the  
Association offices**

**Member on the Affiliate committee that plans and executes special networking events and  
special education sessions**

*This is a membership that needs your visibility so it can work for you! Your input and participation will make the difference.*



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All questions must be answered and complete information provided to: **North Central Jersey Association of REALTORS®, Inc.**

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager/Other \_\_\_\_\_

Email \_\_\_\_\_

I \_\_\_\_\_ hereby apply for Affiliate Membership in the North Central Jersey Association of REALTORS® Inc. I agree to abide by the Associations Constitution By-Laws, Rules, Regulations, and the Code of Ethics of the National Association of REALTORS®. I hereby irrevocably waive any and all claims against the Association or any of its officers, directors, or members for any act in connection with the business of the Association and particularly as to its or their acts in electing (or failure to elect), suspending, expelling, or otherwise disciplining one as an applicant, or as a member.

ORGANIZATIONS OF WHICH I AM AN ACTIVE MEMBER: NAME AND ADDRESS

1. \_\_\_\_\_ 2. \_\_\_\_\_

ARE YOU A MEMBER OF ANY OTHER REAL ESTATE BOARD/ASSOCIATION?

YES  NO IF SO, WHERE? \_\_\_\_\_

IN WHAT CAPACITY ARE YOU AFFILIATED WITH REAL ESTATE \_\_\_\_\_

I agree to pay the fees as they are presently established as long as I am a member of this Association. I understand that the fee of \*\$300.00\* is an annual fee which is pro-rated quarterly.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE





North Central Jersey Association of REALTORS®



## Credit Card Authorization Form

NCJAR Morristown, 910 Mt. Kemble Ave, Morristown, NJ 07960  
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Telephone (973) 564-7644 Fax (973) 564-5793

PRINT NAME \_\_\_\_\_

NRDS I.D. # \_\_\_\_\_

OFFICE NAME/LOCATION \_\_\_\_\_

PHONE \_\_\_\_\_

Visa  MC \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP \_\_\_ / \_\_\_      Billing Zip Code \_\_\_\_\_      SEC Code \_\_\_\_\_

Purpose of Payment \_\_\_\_\_

TOTAL AMOUNT TO BE CHARGED \$ \_\_\_\_\_

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

I acknowledge that I understand and authorize the above charges and that, once authorized, there will be no refunds or credits given.