

NCJAR Affiliate Member Application

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

Name	Title		
Firm Name			
Business Street Address	City	State	Zip Code
Business Phone	Business Fax		
Home Street Address	City	State	Zip Code
Home Phone	Cell Phone		
Email	Website		

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.
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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?

Signature of Applicant	Date
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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.

NCJAR Affiliate Fee Schedule			
January – March	April – June	July – September	October - December
\$300	\$225	\$150	\$75

PLEASE FAX COMPLETED APPLICATION & PAYMENT TO 973-564-5793

NCJAR Affiliate Member Benefits

Access to over 8,000 REALTOR® Members

Opportunities to “OPEN” each of our New Member Orientation Classes

(4 per month) with a brief bio of you, your company and its services

Attend all Seminars & Social Events

At the members reduced rate

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

Set up a network table at all of our meetings and education workshops

Website Roster with links to Website/ Email

Sponsorship Opportunities

Large Events: Installation Gala, Circle of Excellence Gala, Annual Meeting & More

“New Affiliate Member” Bio/Article in Our Newsletter

Affiliate of the Year Award

Recognition of an affiliate member for their contributions to the Association

Member on the Affiliate committee

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.

CREDIT CARD AUTHORIZATION FORM

- 910 Mt. Kemble Avenue, Morristown, NJ 07960 Phone (973) 425-0110 Fax (973) 425-2590
- 375 Broad Street, Bloomfield, NJ 07003 Phone (973) 743-5114 Fax (973) 743-0295
- 767 Central Avenue, Westfield, NJ Phone (908) 232-9000 Fax (908) 232-0374

PRINT MEMBER NAME

NRDS#

OFFICE NAME/LOCATION

PHONE

VISA/MC ONLY

EXP DATE

BILLING ZIP

SEC CODE

PURPOSE OF PAYMENT

\$
TOTAL AMOUNT TO BE CHARGED

PRINT NAME ON CARD

X
SIGNATURE

DATE

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