

North Central Jersey Association of REALTORS®

2018 NEW MEMBER PRO-RATED DUES AND ORIENTATION SCHEDULE

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
NCJAR Registration Fee	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
NCJAR Dues	\$155.00	\$155.00	\$155.00	\$116.25	\$116.25	\$116.25	\$77.50	\$77.50	\$77.50	\$38.75	\$38.75	\$38.75
NJR Dues	\$135.00	\$135.00	\$135.00	\$101.25	\$101.25	\$101.25	\$67.50	\$67.50	\$67.50	\$33.75	\$33.75	\$33.75
NJR Legal Assessment Fee	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
NAR Assessment Fee	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
NAR Dues	\$120.00	\$110.00	\$100.00	\$90.00	\$80.00	\$70.00	\$60.00	\$50.00	\$40.00	\$30.00	\$20.00	\$10.00
Total (Payable to NCJAR)	\$485.00	\$475.00	\$465.00	\$382.50	\$372.50	\$362.50	\$280.00	\$270.00	\$260.00	\$177.50	\$167.50	\$157.50

NCJAR TRANSFER FEE \$25.00

NCJAR NEW OFFICE REGISTRATION FEE \$150

GARDEN STATE MLS FEES (Made Payable to GSMLS)

	<u>JAN-MAR</u>	<u>APR-JUN</u>	<u>JUL-SEPT</u>	<u>OCT-DEC</u>
GARDEN STATE MLS PARTICIPATION FEE	\$62.50	\$31.25	\$62.50	\$31.25

2018 ORIENTATION SCHEDULE

REGISTRATION 8:45AM – ORIENTATION BEGINS PROMPTLY AT 9:00AM

BLOOMFIELD		MORRISTOWN		WESTFIELD	
JANUARY	9	JANUARY	11	JANUARY	18
FEBRUARY	6	FEBRUARY	8	FEBRUARY	15
MARCH	6	MARCH	8	MARCH	22
APRIL	3	APRIL	12	APRIL	19
MAY	1	MAY	10	MAY	17
JUNE	5	JUNE	14	JUNE	21
JULY	10	JULY	12	JULY	19
AUGUST	7	AUGUST	9	AUGUST	16
SEPTEMBER	11	SEPTEMBER	13	SEPTEMBER	20
OCTOBER	2	OCTOBER	11	OCTOBER	18
NOVEMBER	6	NOVEMBER	15	NOVEMBER	29
DECEMBER	4	DECEMBER	13	DECEMBER	20

North Central Jersey Association of REALTORS®

MEMBERSHIP APPLICATION

Designated REALTOR® Primary REALTOR® Primary Secondary Designated REALTOR® Secondary REALTOR® Membership in the North Central Jersey Association of REALTORS® Office Admin.

I am a BOARD TRANSFEREE from (name of previous Board/Association): _____

A "Letter in Good Standing" from your former Board/Association and NCJAR dues are required for Board transferees.

APPLICANT NAME

OFFICE NAME

HOME ADDRESS

OFFICE ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

OFFICE PHONE

OFFICE FAX

AGENT LICENSE NUMBER

AGENT E-MAIL ADDRESS

AGENT WEBSITE

I understand that by providing the above information I give my consent to receive communications sent from the North Central Jersey Association of REALTORS® via , E-mail, telephone, text or facsimile at those numbers(s)/location(s).

I, the undersigned, agree to abide by the Constitution, Bylaws, and Rules and Regulations of NCJAR, NAR and NJR and the Code of Ethics of the NAR, and all actions taken pursuant thereto. I agree to adhere thereto, and submit to arbitration any complaints, which cannot be resolved without a hearing, and abide by the decision of the hearing panel.

I will complete the Orientation Course and, if deemed necessary by the Association, a reasonable and non-discriminatory written examination. I consent that the Association, through its Membership committee, may invite and receive comment about me from any member, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis on any action by me for slander, libel or defamation of character. I agree to pay the fees (**fees are non-refundable**) as they are established as long as I am a member of this Association.

x _____

Signature of Applicant

_____ Date

I, the undersigned REALTOR®, am the employing Licensed Broker of Record and Designated REALTOR® (or authorized Office Manager) of the above applicant. I certify that he/she is fully trained and familiarized with the By-Laws, Rules and Regulations of the NORTH CENTRAL JERSEY ASSOCIATION OF REALTORS®, Inc. I certify that all statements in the application are true to the best of my knowledge and that no material fact has been omitted or concealed.

x _____

Signature of Designated REALTOR®/Manager

_____ Date

For board use only

Date of Orientation: _____ Amount Paid: NCJAR: _____ Reference#(CH/CC) _____

REV 111515 CJB

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

CELL 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.

APPLICATION FOR SUBSCRIBER MEMBERSHIP IN THE GARDEN STATE MLS

I apply for SUBSCRIBER membership in the Garden State Multiple Service, LLC under the membership of my Designated REALTOR.

NOTE: The Designated REALTOR must be the first Member of an office joining.

Office ID (4 or 6 numbers)

Office ID (4 or 6 numbers)

Office Name (please print)

Main Office Phone (Do NOT use personal phone # at office)

Main Office Phone (Do NOT use personal phone # at office)

Designated Realtor/Manager Name (please print)

First Name (14 Letters)

First Name (14 Letters)

Last Name (18 Letters)

Last Name (18 Letters)

Home Address (28 Characters)

Home Address (28 Characters)

Home City (26 Characters)

Home City (26 Characters)

State

State

Zip Code

Zip Code

Agent Phone (include area code)

Agent Phone (include area code)

Cell Phone (include area code)

Cell Phone (include area code)

NJ Real Estate License # (7 Numbers)

NJ Real Estate License # (7 Numbers)

E-Mail address (50 characters - including @ symbol) Be sure to include domain (ie., @aol.com, @att.net, etc.)

System Password (6-20 Letters and/or Numbers) *No special characters

System Password (6-20 Letters and/or Numbers) *No special characters

NORTH CENTRAL JERSEY ASSOCIATION OF REALTORS®

*See below

Primary or Resident Board/Association of Realtors

To the Garden State Multiple Listing Service, LLC, I have read my Designated REALTOR's copy and agree to abide by the Rules and Regulations of the Service and the By-Laws of the State and National Association as they now exist or may be hereafter amended, and I agree to adhere to the Code of Ethics of the NATIONAL ASSOCIATION of REALTORS, including the duty to arbitrate controversies arising out of real estate transactions as defined in the procedures of the NATIONAL ASSOCIATION of REALTORS arbitration manual. I further understand that my Designated REALTOR's Membership in the Garden State MLS is a requirement for me to be entitled to use the computerized programs of the service and to purchase products offered by the GSMLS. I understand that allowing someone who is not a Participant/Subscriber member or Service Recipient of this MLS to use my identification number or to use any listing book that I purchase from the GSMLS, is a severe violation of the Rules and Regulations, and may subject me to substantial fines and possible revocation of my privileges. Semi-Annual Dues: Check to GSMLS in the amount of \$62.50. Send or deliver check with application to GSMLS, 1719 Route 10 East, Suite 223, Parsippany, NJ 07054. Fax: (973) 984-1790

Signature of Applicant (Subscriber)

Signature of Office Manager or Designated REALTOR

A Public ID number will be assigned to you by GSMLS at the time this application is processed and your System Password (sometimes referred to as your Private ID) will be entered at that time. Please allow 24 to 48 hours to process your application.

Please have your Board of Realtors initial that you are a member in good standing