

North Central Jersey Association of REALTORS® (NCJAR)

- Broker/Broker Manager Primary
 REALTOR® Primary
 Secondary Broker/Broker Manager
 Secondary REALTOR® Membership in the North Central Jersey Association of REALTORS®
 I am a BOARD TRANSFEREE from (name of previous Board/Association): A **“Letter of 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

By signing the application, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

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/Agent

Today's 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®/Broker/Manager

Today's Date

For NCJAR Use Only

Date of Orientation

Amount Paid to NCJAR

Payment Reference # (CH/CC)

910 Mt. Kemble Avenue
Morristown, NJ 07960
(973) 425-0110

375 Broad Street
Bloomfield, NJ 07003
(973) 743-5114

767 Central Avenue
Westfield, NJ 07090
(908) 232-9000

204 Berdan Ave
Wayne, NJ 07470
(973) 305-1100

CREDIT CARD AUTHORIZATION FORM

Please email to Membership@ncjar.com for processing.

- 910 Mt. Kemble Avenue, Morristown, NJ 07960 Phone (973) 425-0110
- 375 Broad Street, Bloomfield, NJ 07003 Phone (973) 743-5114
- 767 Central Avenue, Westfield, NJ 07090 Phone (908) 232-9000
- 204 Berdan Avenue, Wayne, NJ 07470 Phone (973) 305-1100

PRINT MEMBER NAME

NRDS#

OFFICE NAME/LOCATION

PHONE

E-Mail

CREDIT CARD NUMBER (VISA, MC, AMEX, DISCOVER)

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.