MEMBERSHIP APPLICATION

□ Designated REALTOR® Primary □ REALTOR® Primary □ Secondary Designated REALTOR® □ Secondary REALTOR® Membership in the North Central Jersey Association of REALTORS®

APPLICANT NAME			OFFICE NAME			
home address			OFFICE ADDR	ESS		
CITY	STATE	ZIP	CITY		STATE	ZIP
HOME PHONE	CELL F	PHONE	OFFICE PHON	E	OFFICE F	AX
AGENT LICENSE NUMBER	2	AGENT E-MAIL ADDR	RESS	AGENT WE	EBSITE	

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, 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.

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	Signature	of	Ap	plica	nt

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.

× Signature of Designated REALTOR®/Manager			Date	
For board use onl	У			
Date of Orienta	tion:	Amount Paid: NCJAR:		Reference#(CH/CC)
REV 111515 CJB				
www.NCJAR.com	910 Mt. Kemble Avenue, Morristown, NJ 07960 Phone 767 Central Avenue, Westfield, NJ Phone (908)	. , ,	375 Broad Street, Bloomfie	d, NJ 07003 Phone (973) 743-5114 Fax (973) 743-0295