

NCJAR MEMBER TRANSFER FORM

Member Name	New Office Name	
Home Address	New Office Address	
Home City, State, Zip	New Office City, State, Zip	
Home Phone	New Office Phone	
Cell Phone		
Agent Reference #	Agent E-Mail address	Agent Website

x _____
Members Signature

I, the undersigned, am the Designated REALTOR® or authorized Office Manager of the above named office. I hereby certify that the above named applicant's license now resides at this office/firm, and that he/she is fully familiarized with the Code of Ethics of the National Association of REALTORS® , and the bylaws of the NORTH CENTRAL JERSEY ASSOCIATION OF REALTORS®.

x _____
New Broker/Manager's Signature

Please complete all the above information, and submit with a transfer fee of \$25.00 by check or credit card. Any outstanding dues balance MUST be paid in full at the time of transfer.

VISA / MC / DISC / AMEX		EXP DATE _____	SEC _____
BILLING ZIP CODE _____			
\$ _____			
TOTAL AMOUNT CHARGED			
PRINT NAME ON CARD _____	SIGNATURE _____	TODAY'S DATE _____	
I acknowledge that I understand and authorize the above charges and that, once authorized; there will be no refunds or credits given.			

*If transferring from ANOTHER BOARD, do not use this form. You must submit A MEMBERSHIP APPLICATION along with local Board dues. Please call the Board office for further information.