

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.