

# North Central Jersey Association of REALTORS® (NCJAR)

## New Office/Broker Application

- 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](mailto: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.