

North Central Jersey Association of Realtors® Board Transfers

Welcome to the North Central Jersey Association of Realtors (NCJAR). As the premier organization serving real estate professionals in our region, we are dedicated to fostering excellence, ethics, and innovation in the real estate industry. Our association is committed to supporting our members through continuous education, advocacy, and networking opportunities.

Instructions for Board Transfers

1. **Obtain a Letter of Good Standing:** You must first obtain a letter of good standing from your previous board.
2. **Complete the Board Transfer Application:** Once you have the letter, you will need to complete our board transfer application.
3. **Submit Application and Payment:** Submit the completed application along with the letter of good standing and the required payment. The payment amount will depend on whether you have paid your current year's dues with your previous board.
4. **Email Submission:** Email the application, letter of good standing, and payment details to membership@ncjar.com.

Our Vision

To be the leading voice and resource for real estate professionals, ensuring the highest standards of practice and professionalism in the industry.

Our Mission

- **Education:** Providing comprehensive training and development programs to enhance the skills and knowledge of our members.
- **Advocacy:** Representing the interests of real estate professionals at local, state, and national levels.
- **Networking:** Creating platforms for members to connect, share insights, and build lasting professional relationships.

Thank you for your continued support and dedication to excellence in real estate.

North Central Jersey Association of REALTORS® (NCJAR)

NCJAR Membership Application

Email to Membership@ncjar.com

- 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.

APPLICATION FOR SUBSCRIBER MEMBERSHIP IN THE GARDEN STATE MLS

I apply for SUBSCRIBER membership in the Garden State Multiple Service, LLC under the membership of my Designated REALTOR.

NOTE: The Designated REALTOR must be the first Member of an office joining.

Office ID (4 or 6 numbers)

Office ID (4 or 6 numbers)

Office Name (please print)

Main Office Phone (Do NOT use personal phone # at office)

Main Office Phone (Do NOT use personal phone # at office)

Designated Realtor/Manager Name (please print)

First Name (14 Letters)

First Name (14 Letters)

Last Name (18 Letters)

Last Name (18 Letters)

Home Address (28 Characters)

Home Address (28 Characters)

Home City (26 Characters)

Home City (26 Characters)

State

State

Zip Code

Zip Code

Agent Phone (include area code)

Agent Phone (include area code)

Cell Phone (include area code)

Cell Phone (include area code)

Personal Fax (include area code)

Personal Fax (include area code)

NJ Real Estate License # (7 Numbers)

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E-Mail address (50 characters - including @ symbol) Be sure to include domain (ie., @aol.com, @att.net, etc.)

System Password (6-20 Letters and/or Numbers)

System Password (6-20 Letters and/or Numbers)

Primary or Resident Board/Association of Realtors

To the Garden State Multiple Listing Service, LLC, I have read my Designated REALTOR's copy and agree to abide by the Rules and Regulations of the Service and the By-Laws of the State and National Association as they now exist or may be hereafter amended, and I agree to adhere to the Code of Ethics of the NATIONAL ASSOCIATION of REALTORS, including the duty to arbitrate controversies arising out of real estate transactions as defined in the procedures of the NATIONAL ASSOCIATION of REALTORS arbitration manual. I further understand that my Designated REALTOR's Membership in the Garden State MLS is a requirement for me to be entitled to use the computerized programs of the service and to purchase products offered by the GSMLS. I understand that allowing someone who is not a Participant/Subscriber member or Service Recipient of this MLS to use my identification number or to use any listing book that I purchase from the GSMLS, is a severe violation of the Rules and Regulations, and may subject me to substantial fines and possible revocation of my privileges. Semi-Annual Dues: \$87.50 + \$50 activation fee. Send or deliver check with application to GSMLS, 1719 Route 10 East, Suite 223, Parsippany, NJ 07054. If paying with a credit card, you will be able to pay online after your application is processed.

Completed membership applications should be emailed to membership@gsmls.com, faxed to 973-984-1790 or mailed to GSMLS, 1719 Route 10 East, Suite 223, Parsippany, NJ 07054.

Signature of Applicant (Subscriber)

Signature of Office Manager or Designated REALTOR

A Public ID number will be assigned to you by GSMLS at the time this application is processed and your System Password (sometimes referred to as your Private ID) will be entered at that time.

Please have your Board of Realtors initial that you are a member in good standing _____