

North Central Jersey Association of REALTORS® (NCJAR)

NCJAR Membership 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		

I agree to receive text messages from NCJAR. Yes No

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three years?

Yes No If yes, please provide details as an attachment.

Are there any current violations, pending complaints, pending arbitration requests, unsatisfied discipline or unpaid arbitration awards or unpaid financial obligations to any other association?

Yes No If yes, please provide details as an attachment.

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

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 Avenue
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.

North Central Jersey Association of REALTORS® (NCJAR)

2024 New Member Pro-Rated Dues

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
NCJAR Registration Fee	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
NCJAR Dues	\$165.00	\$165.00	\$165.00	\$123.75	\$123.75	\$123.75	\$82.50	\$82.50	\$82.50	\$41.25	\$41.25	\$41.25
NJR Dues	\$135.00	\$135.00	\$135.00	\$101.25	\$101.25	\$101.25	\$67.50	\$67.50	\$67.50	\$33.75	\$33.75	\$33.75
NJR Legal Assessment Fee	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
NAR Assessment Fee	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
NAR Dues	\$156.00	\$143.00	\$130.00	\$117.00	\$104.00	\$91.00	\$78.00	\$65.00	\$52.00	\$39.00	\$26.00	\$13.00
*RPAC Voluntary Investment	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Total (Payable to NCJAR)	\$566.00	\$553.00	\$540.00	\$452.00	\$439.00	\$426.00	\$338.00	\$325.00	\$312.00	\$224.00	\$211.00	\$198.00

Contributions to RPAC are not deductible for federal income tax purposes. Contributions are voluntary and are used for political purposes. The amounts indicated are merely guidelines and you may contribute more or less than the suggested amounts provided your contribution is within applicable contribution limits. The National Association of REALTORS® and its state and local associations will not favor or disadvantage any member because of the amount contributed or a decision not to contribute. You may refuse to contribute without reprisal. Unless otherwise required by applicable law, any request for the refund of a contribution must be made within two (2) business days of the date on which you authorize RPAC to charge you for said contribution. Your contribution is split between National RPAC and the State PAC in your state. Contact your State Association or PAC for information about the percentages of your contribution provided to National RPAC and to the State PAC. The National RPAC portion is used to support federal candidates and is charged against your limits under 52 U.S.C. 30116.

NCJAR New Office Registration and Member Transfer Fee

NCJAR Member TRANSFER FEE \$25.00

NCJAR New Office REGISTRATION FEE \$150

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Bloomfield, NJ 07003
(973) 743-5114

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Westfield, NJ 07090
(908) 232-9000

204 Berdan Avenue
Wayne, NJ 07470
(973) 305-1100

APPLICATION FOR MEMBERSHIP IN GSMLS - PARTICIPANT

To: GARDEN STATE MULTIPLE LISTING SERVICE. I wish to be a Participant member of the GSMLS, LLC. I represent that I am the Designated REALTOR principal or Supervisor (per N.J.R.E. Commission) in good standing of the Board of REALTORS listed below.

Applicant Name (please print)

Firm Name (please print)

Home Address

Firm Address

Home City, State Zip

Firm City, State Zip

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Home Phone (include area code)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

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

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Personal Fax (include area code)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Office Fax (include area code)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

NJ Real Estate License # (7 Numbers)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Cell Phone (include area code)

E-Mail address Be sure to include domain (ie., @aol.com)

Primary or Resident Board/Association of Realtors

Office Website. Be sure to include the entire URL (For example: http://www.gsmls.com)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

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

I certify that I have received, read and agree to abide by the Rules and Regulations of the Garden State Multiple Listing 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 Arbitration Manual of the NATIONAL ASSOCIATION of REALTORS. I further understand that membership entitles me to use the computerized programs of the service and to purchase listing and sold books offered by the GSMLS subject to the Rules and Regulations and Codes applicable to such use. I understand that allowing someone who is not a Participant/Subscriber member of Garden State MLS to use my identification number or to use any listing book that I purchase from the Garden State MLS, 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: Check to GSMLS in the amount of \$62.50. 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. All those REALTORS and/or Associates in my office who desire to be Subscribers to the Garden State MLS under my membership must fill out the proper application form and pay the necessary fees.

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 Designated REALTOR

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

Please have your Board of Realtors initial that you are a member in good standing _____
Please Submit a copy of your Real Estate License along with this application.