

Morristown Office
910 Mt. Kemble Ave., Morristown, NJ 07960
Telephone 973-425-0110 Fax 973-425-2590

Springfield
45 Springfield Ave., Springfield, NJ 07081
Telephone 973-564-7644 Fax 973-564-5793

NCJAR Affiliate Benefits

Access to over 7,000 REALTOR® Members

**Opportunities to “OPEN” each of our New Member Orientation Classes
(2 per month) with a brief bio of you, your company and its services**

Attend all Seminars & Social Events
At the members reduced rate.

Sponsor a “Knowledge & Network” breakfast (10 per year)

**Set up a network table at all of our meetings and bi-monthly
education workshops**

Website Roster with links to Your Site and /or Email

Sponsorship Opportunities

Sponsorship is promoted with signs at the event, introduction of you and your company,
network table and follow up recognition in our publications

“New Affiliate Member” Bio in Our Newsletter

Affiliate of the Year Award

Recognition of an affiliate member for their contributions to the Association

**Company brochures and business promotional items will be displayed prominently at the
Association offices**

**Member on the Affiliate committee that plans and executes special networking events and
special education sessions**

This is a membership that needs your visibility so it can work for you! Your input and participation will make the difference.



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All questions must be answered and complete information provided to: **North Central Jersey Association of REALTORS®, Inc.**

Name _____ **Title** _____

Firm Name _____

Business Address _____

Business Phone _____ **Business Fax** _____

Home Address _____

Home Phone _____ **Cell/Pager/Other** _____

Email _____

Website _____

I _____ hereby apply for Affiliate Membership in the North Central Jersey Association of REALTORS® Inc. I agree to abide by the Associations Constitution By-Laws, Rules, Regulations, and the Code of Ethics of the National Association of REALTORS®. I hereby irrevocably waive any and all claims against the Association or any of its officers, directors, or members for any act in connection with the business of the Association and particularly as to its or their acts in electing (or failure to elect), suspending, expelling, or otherwise disciplining one as an applicant, or as a member.

ORGANIZATIONS OF WHICH I AM AN ACTIVE MEMBER: NAME AND ADDRESS

1. _____ 2. _____

ARE YOU A MEMBER OF ANY OTHER REAL ESTATE BOARD/ASSOCIATION?

YES NO IF SO, WHERE? _____

IN WHAT CAPACITY ARE YOU AFFILIATED WITH REAL ESTATE _____

I agree to pay the fees as they are presently established as long as I am a member of this Association. I understand that the fee of *\$300.00* is an annual fee which is pro-rated quarterly.

SIGNATURE OF APPLICANT

DATE



Credit Card Authorization Form

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PRINT NAME _____

NRDS I.D. # _____

OFFICE NAME/LOCATION _____

PHONE _____

Visa MC _____ - _____ - _____

EXP ___ / ___ **Billing Zip Code** _____ **SEC Code** _____

Purpose of Payment _____

TOTAL AMOUNT TO BE CHARGED \$ _____

Name (PRINT)

SIGNATURE

DATE

I acknowledge that I understand and authorize the above charges and that, once authorized, there will be no refunds or credits given.