

NCJAR MEMBER TRANSFER FORM - SEND TO MEMBERSHIP@NCJAR.COM

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

License #

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.

CREDIT CARD NUMBER: _____
(VISA / MC / DISC / AMEX)

EXPIRATION DATE: ____ / ____ **SECURITY CODE:** _____ **BILLING ZIP CODE** _____

\$ _____
TOTAL AMOUNT CHARGED

PRINT NAME ON CARD

x _____
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.