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. **Upload Submission:** Upload the application, letter of good standing, and payment details. **Click Here to Upload**

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.

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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	

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.

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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.

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Signature of Designated Realtor®/Broker/Manager		Today's Date	
For NCJAR Use Only			
Date of Orientation	Amount Paid to NCJAR	Payment Reference # (CH/CC)	

North Central Jersey Association of REALTORS® 910 Mt. Kemble Avenue, Morristown, NJ 07960 973-425-0110 | Membership@NCJAR.com

CREDIT CARD AUTHORIZATION FORM

Please Upload Form Online for Processing

RINT MEMBER NAME		
FFICE NAME/LOCATION	PHONE	
Mail		
CREDIT CARD NUMBER (VISA,	MC, AMEX, DISCOVER)	
CREDIT CARD NUMBER (VISA,	MC, AMEX, DISCOVER)	
CREDIT CARD NUMBER (VISA,	MC, AMEX, DISCOVER)	SEC CODE
		SEC CODE
	BILLING ZIP	SEC CODE
EXP DATE	BILLING ZIP	SEC CODE

Public ID:

GSMLS use only

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) Off	fice Name (please print)	
Main Office Phone (Do NOT use personal pl	hone # at office) Designated R	ealtor/Manager Name (please print)
First Name (14 Letters)		Last Name (18 Letters)
Home Address (28 Characters)		
Home City (26 Characters)		State Zip Code
Agent Phone (include area code)		Cell Phone (include area code)
Personal Fax (include area code)		
NJ Real Estate License # (7 Numbers)	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 Num	bers)	

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