

**NEW MEMBERSHIP APPLICATION PACKET**  
**NCJAR ♦ GSMLS**

**NEW MEMBER REGISTRATION HOURS**  
**WEEKDAYS 10:00AM — 3:00PM**

- ♦ Complete the **NCJAR & GSMLS** Applications
- ♦ Have **Broker/Manager Sign & Date** Applications
- ♦ Bring completed application forms to either board office
- ♦ Three Separate Forms of Payment
  - \*NCJAR (Visa, MasterCard, Check)
  - \*GSMLS (Visa, MasterCard, Check)
  - \*SUPRA Key (Visa, MasterCard, Discover, Amex & Check)
- ♦ See attached fee schedule
- ♦ New Members/Keys will not be processed/issued on orientation dates **No Exceptions**

**ORIENTATION 8:45AM — 1:00PM**

Complete and Return with NCJAR & GSMLS Applications

♦♦ Schedule **Mandatory** New Member Orientation ♦♦

I have elected to attend Mandatory New Member Orientation at the following Location  
(CHECK ONE)

<input type="checkbox"/>	Morristown Office 910 Mt. Kemble Ave Morristown, NJ 07960 Tel: 973-425-0110 Fax: 973-425-2590
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<input type="checkbox"/>	Springfield Office 45 Springfield Ave. Springfield, NJ 07081 Tel: 973-564-7644 Fax: 973-564-5793
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NAME \_\_\_\_\_

**Orientation Date**

SEE ATTACHED SCHEDULE

OFFICE \_\_\_\_\_

\*\* Weichert & Coldwell Banker 8:45AM—12:00PM\*\*

YOUR MEMBERSHIP IS GRANTED SUBJECT TO ATTENDING THE BOARD'S MANDATORY ORIENTATION CLASS ON THE ABOVE NOTED DATE. **YOUR MEMBERSHIP PRIVELEGES WHICH MAY INCLUDE MLS AND SUPRA KEY ACCESS WILL BE SUSPENDED AFTER THAT DATE FOR NON-ATTENDANCE**

Please be advised that, as a member of the North Central Jersey Association of REALTORS® (NCJAR®), and the New Jersey Association of REALTORS® (NJAR®); you have the right to request that NCJAR®, NJAR® and/or their members not send any future unsolicited advertisements to your telephone facsimile machine. If you wish to exercise this right, you must advise NCJAR® by faxing to the above numbers and to NJAR® at 732-494-4723 in written form for the request to be effective.

# NORTH CENTRAL JERSEY ASSOCIATION OF REALTORS®

## 2009 **NEW MEMBER** PRO-RATED DUES and ORIENTATION SCHEDULE

	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</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	130.00	130.00	130.00	97.50	97.50	97.50	65.00	65.00	65.00	32.50	32.50	32.50
NJAR Dues	100.00	100.00	100.00	81.25	81.25	81.25	62.50	62.50	62.50	43.75	43.75	43.75
NJAR 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	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00
NAR Dues	<u>80.00</u>	<u>73.33</u>	<u>66.67</u>	<u>60.00</u>	<u>53.33</u>	<u>46.67</u>	<u>40.00</u>	<u>33.33</u>	<u>26.67</u>	<u>20.00</u>	<u>13.13</u>	<u>6.67</u>
<b>Total (Payable NCJAR)</b>	<b>385.00</b>	<b>378.33</b>	<b>371.67</b>	<b>313.75</b>	<b>307.08</b>	<b>300.42</b>	<b>242.50</b>	<b>235.83</b>	<b>229.17</b>	<b>171.25</b>	<b>164.38</b>	<b>157.92</b>

**TRANSFER FEE \$15.00**

**NEW OFFICE REGISTRATION FEE \$150.00**

### GARDEN STATE MLS FEES (all fees payable GSMLS)

	<u>Jan – Mar</u>	<u>Apr – Jun</u>	<u>July – Sept</u>	<u>Oct – Dec</u>
Garden State MLS Participation Fee	\$ 62.50	\$ 31.25	\$ 62.50	\$ 31.25

**Supra key options and fees determined at registration based on choice of product and services  
\*\*\* Only CHECK payment is accepted for Supra Keys. (NO CASH OR CREDIT CARD) \*\*\***

### 2009 ORIENTATION SCHEDULE

**Registration 8:45 a.m. – Orientation begins promptly at 9:00 a.m.**

#### MORRISTOWN OFFICE

JANUARY	08
FEBRUARY	12
MARCH	12
APRIL	16
MAY	14
JUNE	11
JULY	09
AUGUST	13
SEPTEMBER	10
OCTOBER	08
NOVEMBER	12
DECEMBER	10

#### SPRINGFIELD OFFICE

JANUARY	22
FEBRUARY	26
MARCH	26
APRIL	23
MAY	28
JUNE	25
JULY	23
AUGUST	27
SEPTEMBER	24
OCTOBER	22
NOVEMBER	19
DECEMBER	17

**THE NORTH CENTRAL JERSEY ASSOCIATION OF REALTORS®  
MEMBERSHIP APPLICATION**

I hereby apply for: \_\_\_ Designated REALTOR® \_\_\_ Designated REALTOR®Appraiser \_\_\_ REALTOR®  
\_\_\_ Secondary Designated Realtor® Membership in the North Central Jersey Association of Realtors®

\_\_\_ I am a **BOARD TRANSFEREE** from (name of previous Board/Association):

A "Letter in Good Standing" from your former Board/Association and NCJAR dues are required for Board transferees.

\_\_\_\_\_  
APPLICANT NAME NCJAR Agent #  
(For office use only)

\_\_\_\_\_  
OFFICE NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
OFFICE ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE CELL PHONE

\_\_\_\_\_  
OFFICE PHONE OFFICE FAX

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
LICENSE NUMBER

**I understand that by providing the above information I consent for me to receive communications sent from North Central Jersey Association of REALTORS®, New Jersey Association of REALTORS®, National Association of REALTORS® via US mail, E-mail, telephone, or facsimile at those number(s)/location(s).**

I, the undersigned, agree to abide by the Constitution, Bylaws, and Rules and Regulations of NCJAR, NAR, and NJAR, 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Designated Realtor®/Manager

\_\_\_\_\_  
Date

**FOR BOARD USE ONLY**

Date of Orientation: \_\_\_\_\_

Amount Paid: NCJAR: \_\_\_\_\_ Ck.# \_\_\_\_\_



North Central Jersey Association of REALTORS®



## Credit Card Authorization Form

**NCJAR Morristown**, 910 Mt. Kemble Ave, Morristown, NJ 07960  
Telephone (973) 425-0110 Fax (973) 425-2590

**NCJAR Springfield**, 45 Springfield Ave., Springfield, NJ 07081  
Telephone (973) 564-7644 Fax (973) 564-5793

**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.**

**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)

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 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: 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.

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 \_\_\_\_\_



GSMLS, LLC  
 1719 Route 10 East, Suite 223  
 Parsippany, NJ 07054  
 Phone: (973) 898-1900  
 Fax: (973) 984-1790



## GSMLS Credit Card Authorization

All items below are REQUIRED and must be legible. If you fail to provide ALL items below or the writing is not legible, we will be unable to process your credit card transaction.

Agent ID (Public ID)	
Agent Name	
Name on Credit Card *See Note	
Credit Card # (Visa/Mastercard Only)	
Credit Card Expiration Date	
Credit Card Billing Street Address	
Credit Card Billing Zip Code	
Total Amount being charged	
Phone Number where you can be reached if there is a problem	( ___ ___ ___ ) ___ ___ ___ - ___ ___ ___ ___

**\* Payments will only be accepted for Products/Services purchased by the person named on the credit card.**

Detail, in the grid below, the breakdown of the amount that you are charging. Using this form, you may only make payment for the items in the grid.

Garden State no longer bills or receives payment for Supra Keys – you will receive a separate bill from Supra and pay them directly. DO NOT use this form to pay for Supra Keys.

Product or Service	ID (if applicable)	Quantity (if applicable)	Amount
Participation			
Reinstatement Fee (\$10.00)			
*Reinstatement Fee due if paid after July 2			
<b>Total Amount being Charged</b>			

## There will be no refunds for any cancellations of service.

I acknowledge that I understand and authorize the above charges and that, once authorized; there will be no refund for services or products even if they are cancelled.

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Fax completed form to 973-984-1790 or mail to GSMLS, 1719 Route 10 East, Suite 223, Parsippany, NJ 07054.**