

**NCJAR MEMBER TRANSFER FORM**

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.**

<b>CREDIT CARD NUMBER:</b> _ _ _ _ - _ _ _ - _ _ _ - _ _ _ _ (VISA / MC / DISC / AMEX)		
<b>EXPIRATION DATE:</b> ____ / ____	<b>SECURITY CODE:</b> _____	<b>BILLING ZIP CODE</b> _____
\$ _____ <b>TOTAL AMOUNT CHARGED</b>		
PRINT NAME ON CARD _____	<b>SIGNATURE</b> _____	<b>TODAY'S DATE</b> _____
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.