



Eastern Bergen County Board of REALTORS®
 411 Route 17 South 5th Floor
 Hasbrouck Heights, NJ 07604
 Ph.: (201) 288-5000 Fax: (201) 288-0511
 Email: membership@bergenboard.com
www.bergenboard.com

REALTOR® Membership Application

I hereby apply for REALTOR® Membership in the Eastern Bergen County Board of REALTORS®, Inc and am enclosing my payment in the amount of \$_____ (see REALTOR® Prorated Dues Schedule). My dues will be returned to me in the event of non-election. Application fee is nonrefundable. I will **attend orientation** and **complete** the online **New Member Code of Ethics Training** of the **NATIONAL ASSOCIATION OF REALTORS®** within **90 days** of confirmation of provisional membership. Failure to meet this requirement may result in having my membership terminated. In the event that my application is approved, I agree to abide by the **Code of Ethics** of the **NATIONAL ASSOCIATION OF REALTORS®**, which includes the duty to arbitrate, and the **Constitutions, By-laws and Rules and Regulations of the Eastern Bergen County Board of REALTORS®, the State Association (NJR) and the National Association (NAR)**.

YOU MUST INCLUDE A COPY OF YOUR CURRENT VALID NJ REAL ESTATE LICENSE

Voluntary Information

Gender: Male Female **Date of Birth:** (Month/Day/Year) _____

Are you fluent in any other language(s) besides English? Yes No

If Yes, please indicate the language(s): _____

Member Information

Name as it appears on your Real Estate or Appraiser's license:

First Name: _____ Last Name: _____ Middle Name: _____

Real Estate License #: _____ Last 4 Digits of SS#: _____

Please Check One: Broker Salesperson Appraiser

Membership type: Primary Secondary

(Transferring or Secondary applicants must include Letter of Good Standing with application)

Firm Name: _____

Office Address: _____

Office City/State/Zip: _____

Office Phone: _____ Office Fax: _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address (required): _____

Preferred Mailing Address: Home Office Preferred Phone: Home Office Cell

Previous board/association membership? Yes No

If yes, please list your NRDS #: _____

Has your real estate license, in this or any other state, been suspended or revoked? Yes No
(If yes, provide details as an attachment.)

Have you been found in violation of the Code of Ethics or other membership duties in any Association of REALTORS® in the past three years or are there any such complaints pending? Yes No
(If yes, provide details as an attachment.)

Signature

I agree to the following membership conditions:

I consent and authorize the Board, through its Membership Committee or otherwise, to invite and receive information and comments about me from any Member or other person, and agree that any information and comments, furnished to the Board by any Member or other person, in response to any invitation, shall be conclusively deemed to be privileged and not form the basis of any action against the Board, by me, for slander, libel or defamation of character.

To arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Association as time to time amended.

To pay the fees and dues as established.

To discontinue the term "REALTOR®" in the event that my membership is terminated or suspended for any cause. I hereby consent to receive fax and e-mail transmissions from Eastern Bergen County Board of REALTORS®, New Jersey Association of REALTORS® and the National Association of REALTORS® to my fax and e-mail addresses as set forth above.

Signature of Applicant

Date

To Be Completed By the Licensed Employing Broker

I certify that the above named applicant holds the license, as indicated, which is in my possession and on display in my office at:

Office Street Address:

Office City/State Zip:

Firm Name: _____

Phone: _____

REALTOR® (Signature of Licensed, Employing Broker)

Date



One Time Credit Card Payment Authorization Form

Please complete the information below:

I authorize EBCBOR to charge my credit card account

This payment is for the **EBCBOR Membership Dues**

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Purchase Total _____

CREDIT CARD

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



2019 Prorated New Member Dues Schedule

Month Joining	Application Fee	EBCBOR Dues	NJAR Dues	NAR Dues	*RPAC Fair Share	*Care Foundation	Total
January	\$150.00	\$190.00	\$140.00	\$185.00	\$25.00	\$10.00	\$700.00
February	\$150.00	\$190.00	\$140.00	\$172.50	\$25.00	\$10.00	\$687.50
March	\$150.00	\$190.00	\$140.00	\$160.00	\$25.00	\$10.00	\$675.00
April	\$150.00	\$142.50	\$106.25	\$147.50	\$25.00	\$10.00	\$581.25
May	\$150.00	\$142.50	\$106.25	\$135.00	\$25.00	\$10.00	\$568.75
June	\$150.00	\$142.50	\$106.25	\$122.50	\$25.00	\$10.00	\$556.25
July	\$150.00	\$95.00	\$72.50	\$110.00	\$25.00	\$10.00	\$462.50
August	\$150.00	\$95.00	\$72.50	\$97.50	\$25.00	\$10.00	\$450.00
September	\$150.00	\$95.00	\$72.50	\$85.00	\$25.00	\$10.00	\$437.50
October	\$150.00	\$47.50	\$38.75	\$72.50	\$25.00	\$10.00	\$343.75
November	\$150.00	\$47.50	\$38.75	\$60.00	\$25.00	\$10.00	\$331.25
December	\$150.00	\$47.50	\$38.75	\$47.50	\$25.00	\$10.00	\$318.75

*RPAC contributions are voluntary and used for political purposes

*Care Foundation contributions are voluntary donations

411 Route 17 South Hasbrouck Heights, NJ 07604
201-288-5000

Email membership@bergenboard.com

www.bergenboard.com