



Gloucester Salem Counties Board of REALTORS®

343 Glassboro Road, Suite 103, Woodbury Heights, NJ 08097

Phone: (856) 345-1116 • Fax: (856) 345-1117

E- Mail: info@gscbor.com • Website: gscbor.com

REALTOR® Membership Application

Office Use Only

Real Estate License # _____

NRDS# _____

Membership Type:

*Designated REALTOR®
(Broker/Manager)

REALTOR®

Name _____

(as shown on real estate license...include middle initial if applicable)

Name of Firm _____

Firm Address _____

Office Phone _____ Office Fax _____

Home Address _____

Home Phone _____ Cell Phone _____ Home Fax _____

Email Address _____

(MANDATORY – print clearly)

Check one: Preferred Mail: Home Office

Check one: Preferred Fax: Home Office

Check one: Preferred Phone: Home Office Cell

Membership I am applying for: Primary Secondary

If Secondary Membership, please indicate your Primary Board Association _____

Have you previously held membership in this Board or any other Association? Yes No

If so, where? _____ When? _____

Professional Designations: ABR ALC CCIM CIPS CPM CRB CRS
 GAA GRI RCE RAA SIOR Other_____

Specialization(s): Appraisal Commercial Property Management Residential Other

MEMBERSHIP AGREEMENT

In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual, the Constitution, Bylaws, and Rules and Regulations of the Gloucester Salem Counties Board of REALTORS® (GSCBOR), the State Association (NJR) and the National Association (NAR). I consent that the Board/Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any Member or other person, and agree that any information in response to the invitation shall be conclusively deemed to be privileged and not from the basis of any action by me for slander, libel, or defamation of character.

I hereby certify that the information furnished by me is true and correct. I agree that, if accepted for Membership in the Board/Association, I shall pay the fees and dues as from time to time established. I understand that the application and fees submitted include membership in the New Jersey Association of REALTORS® and the National Association of REALTORS®. If admitted into membership, dues and application fee are non-refundable.

In consideration of your complying with my request for application for membership with the Gloucester/Salem Counties Board of REALTORS®, I the undersigned, personally agree to and hereby become surety for the payment of such sum or sums of money as may now be due, or may at any time or times hereafter become due to you from me. I further agree that my liability under this instrument in all cases shall be construed as one of surety and that all notices, statutory or otherwise, required to be given to me are hereby expressly waived. It is understood that the undersigned will pay all costs of collections, including reasonable attorney's fees, if their account is placed for collection.

Payments to the GSCBOR, NJR, NAR are not deductible as charitable contributions for Federal income tax purposes. Such payments may, however, be deductible as an ordinary and necessary business expense. Fees are not refundable.

Signature _____ Date _____

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Please be advised that, as a member of the Gloucester/Salem Counties Board of REALTORS® (GSCBOR) and the New Jersey Association of REALTORS® (NJR), you have the right to request that GSCBOR, NJR 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 GSCBOR and NJR individually in written form at the following addresses or fax numbers in order for the request to be effective. You also must provide GSCBOR and NJR with the telephone number of the facsimile machine to which the request relates.

Gloucester Salem Counties Board of REALTORS®
343 Glassboro Rd., Ste. 103, Woodbury Heights, NJ 08097
Fax Number: (856) 345-1117

New Jersey Association of REALTORS®
200 American Metro Blvd., Hamilton Twp, NJ 08619
Fax Number: (732) 494-4723

PAYMENT INFORMATION

Dues Payment \$ _____ Application Fee \$ _____ Total Amount Remitted \$ _____

Payment Method: Cash Check# _____ Visa MasterCard Discover Amex

Card # _____ Exp. Date _____
(Please print clearly)

Billing Address _____

Zip Code _____ Signature _____ Card Security Code _____