OCEAN COUNTY BOARD OF REALTORS®
271 Lakehurst Road, Toms River, NJ 08755
Telephone 732-244-8111   Fax 732-244-8390
Email: info@oceancountyrealtors.org
www.OceanCountyRealtors.org

2018 AFFILIATE MEMBERSHIP APPLICATION

Name of Applicant _____   NMLS ID _____

Company Affiliation _____

Address _____

Business Telephone Number (   ) _____   E-mail Address: _____

Business Fax Number (   ) _____   Website: _____

Personal Cell Number (   ) _____
Nature of Business: (*Please check all that apply*)
____ Attorneys & Legal Assistance   ____ Appraisers   ____ Clean-Up and Debris Removal   ____ Environmental Specialists

____ Home Inspection   ____ Heating/Air Conditioning   ____ Insurance   ____ Interior Design/Home Staging

____ Mortgage and Lending   ____ Moving and Storage   ____ Oil Companies   ____ Oil Tank Cert. Removal

____ Pest Control & Exterminators   ____ Publishing/Advertising   ____ Real Estate Schools   ____ Surveying/Engineering

____ Title Companies & Insurance   ____ Well & Water Testing   ____ Other (Specify: _____)

I hereby apply for AFFILIATE MEMBERSHIP in the OCEAN COUNTY BOARD OF REALTORS®.
I understand all fees are due at the time I submit this application.

I agree to abide by the Bylaws of the OCEAN COUNTY BOARD OF REALTORS®. I irrevocably waive all claims against the Board, or any of its Officers, Directors, or members, for any act in connection with the business of the Board, and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member.

I ☐ authorize or ☐ do not authorize receiving official email, text messages, and faxes from the OCBR. *(Please check accordingly)*

Signature _____   Date _____

DUES ARE PRORATED TO THE QUARTER IN WHICH THE APPLICATION IS DATED
DUES PAYMENTS ARE NON-REFUNDABLE

JOIN DATE	FIRST MEMBER	ADD'L MEMBER(S)
1/1 - 3/31	$ 221.00	$110.50
4/1 - 6/30	$ 165.75	$ 82.85
7/1 - 9/30	$ 110.50	$ 55.25
10/1 - 12/31	$ 55.25	$ 27.65

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☐ **CREDIT CARD***   ☐ **CASH** ☐ **CHECK**

Account No: _____   Security Code: _____

Names As It Appears on the Account Card: _____   Exp Date: _____

Billing Address: _____

City, State, ZIP: _____