



## Application for Membership

**Name** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Company** \_\_\_\_\_  
**Co. Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Local Board** \_\_\_\_\_

### Method of Payment

- Enclosed is my check for \$30 payable to New Jersey CRS Chapter  
 Please bill \$30 on my  American Express  Master Card  
 VISA  Discover

**Name on Card** \_\_\_\_\_  
**Card Number** \_\_\_\_\_  
**Expiration Date** \_\_\_\_\_

### Please check the appropriate items below:

- Designee **Date of designation:** \_\_\_\_\_  
 General Member

I've completed the following courses \_\_\_\_\_

- I am a:**  REALTOR®  
 REALTOR® ASSOCIATE

### My primary reason for interest in the New Jersey Chapter is:

- Educational opportunities  
 Opportunity to increase my referral business  
 Desire for greater recognition of my professional expertise

### I would enjoy serving the NJCRS Chapter through working with the following committee(s)

- Communication  Membership  
 Programs  Education  
 Technology  Chapter with a Heart

### Mail to:

NJCRS Chapter  
 PO Box 61  
 Far Hills, NJ 07931-0061  
 908-234-9300  
 Email: [admin@njcrs.com](mailto:admin@njcrs.com)

