



**GREATER BERGEN
REALTORS®**

405 N. Midland Ave. Saddle Brook, NJ 07663

Phone: 201-244-7000

Membership@GreaterBergenRealtors.com

www.GreaterBergenRealtors.com

2026 REALTOR® Reinstatement Form

PLEASE NOTE: THIS FORM IS TO BE FILLED OUT BY MEMBERS RETURNING TO GBR.

I hereby apply for REALTOR® Membership in the Greater Bergen REALTORS® and am enclosing my payment in the amount of \$_____ (see REALTOR® Prorated Dues Schedule). Fees are nonrefundable. I will attend orientation and complete the on-line 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. 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 Greater Bergen 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 #: _____

Please Check One: ☐ Broker ☐ Salesperson ☐ Appraiser

Membership type: ☐ Primary ☐ Secondary (Active Member of Another Board)

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

Firm Name: _____

Office Address: _____

Office City/State/Zip: _____

Office Phone: _____ Current Board: _____

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, with the understanding that dues are nonrefundable.

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 Greater Bergen of REALTORS®, New Jersey Association of REALTORS® and the National Association of REALTORS® 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



GREATER BERGEN REALTORS®

One Time Credit Card Payment Authorization Form

Please complete the information below:

I authorize GBR to charge my credit card account.

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

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Purchase Total _____

CREDIT CARD

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

CVV (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. I understand that fees are nonrefundable.



GREATER BERGEN REALTORS®

2026 NEW MEMBER DUES SCHEDULE

MONTH JOINING	GBR DUES	NJR DUES	NAR DUES	*RPAC FAIR SHARE	*RCF DONATION	TOTAL
JANUARY	\$215.00	\$150.00	\$201.00	\$25.00	\$10.00	\$601.00
FEBRUARY	\$215.00	\$150.00	\$188.00	\$25.00	\$10.00	\$588.00
MARCH	\$215.00	\$150.00	\$175.00	\$25.00	\$10.00	\$575.00
APRIL	\$161.25	\$113.75	\$162.00	\$25.00	\$10.00	\$472.00
MAY	\$161.25	\$113.75	\$149.00	\$25.00	\$10.00	\$459.00
JUNE	\$161.25	\$113.75	\$136.00	\$25.00	\$10.00	\$446.00
JULY	\$107.50	\$77.50	\$123.00	\$25.00	\$10.00	\$343.00
AUGUST	\$107.50	\$77.50	\$110.00	\$25.00	\$10.00	\$330.00
SEPTEMBER	\$107.50	\$77.50	\$97.00	\$25.00	\$10.00	\$317.00
OCTOBER	\$53.75	\$41.25	\$84.00	\$25.00	\$10.00	\$214.00
NOVEMBER	\$53.75	\$41.25	\$71.00	\$25.00	\$10.00	\$201.00
DECEMBER	\$53.75	\$41.25	\$58.00	\$25.00	\$10.00	\$188.00

*** RPAC investments are voluntary and used for political purposes.**

**** REALTOR® Care Foundation donations are voluntary.**

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