



NEXUS Association of REALTORS®

AFFILIATE Membership Application

(October-December 2024)

Association of REALTORS® Ms. Mrs. Mr.

Name: _____
First Last Middle Initial Sr., Jr.

Office Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone#: _____ E-Mail Address: _____

Membership Type: Primary pro-rated \$290* Secondary pro-rated \$160*

*Includes a one-time \$25 Application Fee.

Membership fees are billed annually in the Fall - \$215 Primary and \$110 Secondary

Payment Amount: _____ Payment Method: Cash Check # (_____)

Visa MC Discover AMEX Card Number _____

Exp: _____ CSV#: _____

Signature: _____

MEMBERSHIP AGREEMENT

If approved for Affiliate Membership in the NEXUS Association of REALTORS®, I agree as a condition of membership to familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, **Code of Ethics and Arbitration Manual** of the Association and the Constitution, Bylaws and Rules and Regulations of the NEXUS Association of REALTORS®. Finally, I consent and authorize the Association, through the Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other persons, and I agree that any information furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

I certify that the answers represented in this application are true to the best of my knowledge and authorize the Association through its representatives to make such investigation as necessary to verify the statements herein made.

Signature: _____ Date: _____

Payments to the NEXUS Association of REALTORS® are not deductible as charitable contributions; however, such payments may be deductible as an ordinary and necessary business expense.

NEXUS Association of REALTORS®
306 Kings Highway South
Cherry Hill NJ 08034
856-428-1013 Fax 856-428-1393
www.nexusaor.com
admin@nexusaor.com

OFFICE USE ONLY

NRDS# _____ OFFICE NRDS@ _____

E-MAIL ADDED

CONFIRMATION SENT

DATE POSTED _____