



PASSAIC COUNTY BOARD OF REALTORS®, Inc.

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REALTOR® Assistance APPLICATION FORM

NAME _____
ADDRESS _____
PHONE _____
PCBOR MEMBERSHIP _____ YEARS
IN GOOD STANDING ___ Y ___ N ___
OFFICE _____
OFFICE ADDRESS _____
PHONE _____ FAX _____
BROKER _____

Reason or Need for applying:

If more space is needed, please attach copy.

MEMBER'S OFFICE CONTRIBUTION: (Please explain what member's office is doing to help member.)

If more space is needed, please attach copy.

Contact person(s) applying on behalf of member:

NAME _____
ADDRESS _____
PHONE _____ FAX _____
E-MAIL _____

Please state your request as to what PCBOR can do to help your office achieve it's goal to help your fellow agent/member:

(kind of aid the member is primarily requesting: financial, physical picking up groceries, driving member around, etc.).

If more space is needed, please attach copy.