



## DESIGNATED REALTOR® MEMBERSHIP APPLICATION FOR 2024

Subject to approval by the Board of Directors, I hereby apply for and accept Designated REALTOR® membership in the Greater Harrisburg Association of REALTORS® (GHAR), the Pennsylvania Association of REALTORS® (PAR) and the National Association of REALTORS® (NAR).

**I am submitting this application form with the \$275.00 application fee\*. The application fee\* consists of a \$175.00 application fee to GHAR and a \$100.00 New Member Capital Investment Fee to PAR.**

(See attached information from PAR on the New Member Capital Investment Fee.

**Pay in its entirety the association dues for the year within 30 days.**

**In addition to paying the application fee (due with application), I agree to do the following within 60 days:**

- Satisfactorily complete the Association’s New Member Orientation Course.
- Once GHAR receives your application and fees, you may submit your subscription to Bright MLs.

I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the Code of Ethics, constitution, bylaws, rules and regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the association, through its membership committee or otherwise, to invite and receive information and comment about me from 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.

Applicant acknowledges that the association will maintain a membership file of information which may be shared with other boards/associations where applicant subsequently seeks membership. This file shall include: previous applications for membership; all final findings of Code of Ethics violations and violations of other membership duties within the past three (3) years; pending complaints alleging violations of the Code of Ethics or alleging violations of other membership duties; incomplete or pending disciplinary measures; pending arbitration requests; and information related to unpaid arbitration awards or unpaid financial obligations to the board/association or its multi-listing service.

Applicant acknowledges that if accepted as a member and he/she subsequently resigns from the association or otherwise causes membership to terminate with an ethics complaint pending, the Board of Directors may condition renewal of membership upon applicant’s certification that he/she will submit to the pending ethics proceeding and will abide by the decision of the hearing panel. If applicant resigns or otherwise causes membership to terminate, the duty to submit to arbitration continues in effect even after membership lapses or is terminated, provided the dispute arose while applicant was a REALTOR®.

By providing the attached information, I hereby am providing my informed and written consent to receive by email any and all communications from the GHAR and any of its subsidiary and affiliated organizations and entities and acknowledging that GHAR, and any photographer/videographer hired by GHAR, has the right to take unrestricted, royalty-free photos, video and audio of all members at all association activities and classes, whether onsite or off. Unless I provide written notice revoking my consent, I understand that this consent will include any changes in this information.

**THE \$275.00 NON-REFUNDABLE APPLICATION FEE\* MUST BE SUBMITTED WITH THIS APPLICATION FORM.**

**Payment of the dues (cash, check or credit card) is non-refundable and must be paid within 30 days. In order to have an active NRDS number, your application fee and current years’ dues must be paid in full.**

**Dues for the 2024 calendar year are \$511.00. Please contact the office for the current pro-rated amount. Please note if you were a REALTOR® member in 2023, your dues are not pro-rated, you will need to pay the entire 2024 dues.**

I hereby certify that the information on this form is correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership, if granted (*please sign below to certify*).

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please use my credit card to pay for the application fee (We accept VISA, MasterCard, Discover and AMEX):**

**Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_**

**Would you like GHAR to keep your credit card on file with our accounting system? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Please note: (This will not auto-pay any outstanding bills, you must approve them through your online ID and Password)**

**\_\_\_\_\_ Please use my credit card to pay for the GHAR dues: \_\_\_\_\_ Now \_\_\_\_\_ In 30 days**

**Application Fee Exclusions: Please call (717) 364-3200 to confirm the exclusions apply to you.**

- If you are or have been a member of an Association of REALTORS<sup>®</sup>, within the last year, the application fee is waived if a letter indicating the dates of your membership and orientation date is attached.
- If you have been a member of the Greater Harrisburg Association of REALTORS<sup>®</sup>, within the past year, the application fee is waived.
- Only first time members must pay PAR's New Member Capital Investment Fee.

**I hereby submit the following information for your consideration:**

Name (as shown on license): \_\_\_\_\_ Nickname: \_\_\_\_\_

Have you ever been a REALTOR<sup>®</sup> under a different name? [ ] YES [ ] NO If yes, what name: \_\_\_\_\_

Preferred Salutation: (Check One) [ ] Mr. [ ] Mrs. [ ] Ms. [ ] Miss

Birth Date: \_\_\_\_\_ Give us a four digit Password (number): \_\_\_\_\_

*\*Please provide a four-digit number which will be your GHAR online account password.*

Real Estate License #: \_\_\_\_\_ Appraisal Certification #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Direct Office #: \_\_\_\_\_ Direct Office Fax #: \_\_\_\_\_

Office License # \_\_\_\_\_ Office NRDS # if known: \_\_\_\_\_

Your Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Allow receipt of Association Texting: [ ] YES [ ] NO

Email Address: \_\_\_\_\_

Webpage Address: \_\_\_\_\_

**Please check ONLY one of the following:**

Preferred mailing: [ ] Home [ ] Office

Preferred method of phone calls: [ ] Office [ ] Cell

**Additional Information:**

Are you currently a member of a local REALTOR<sup>®</sup> Association/Board? [ ] YES [ ] NO

If so, which Board or Association: \_\_\_\_\_ NRDS Number (if known): \_\_\_\_\_

Have you ever been a member of a local REALTOR<sup>®</sup> Association/Board? [ ] YES [ ] NO

If so, which Board or Association: \_\_\_\_\_ NRDS Number (if known): \_\_\_\_\_

Has your real estate license, in this or any other state, been suspended or revoked? \_\_\_\_\_ If yes, Attach circumstances.

Are there any ethics or arbitration matters pending to which you are a party? \_\_\_\_\_ If yes, which Association \_\_\_\_\_

Have there been any complaints against you or the firm with which you have been associated, before any state real estate regulatory agency or any other agency of government within the last three years? \_\_\_\_\_ If yes, attach circumstances and status of each complaint.

List any professional REALTOR<sup>®</sup> designations you currently hold: \_\_\_\_\_

Other State Real Estate License(s) and status of license: \_\_\_\_\_

Primary Area of Real Estate Business: (Please check 1 for Primary and 2 for up to 3 Secondary Real Estate Businesses)

[ ] 100 General Residential Sales [ ] 101 Existing Home Sales [ ] 102 New Homes [ ] 120 Brokerage Management

[ ] 122 Sales Management [ ] 200 General Commercial/Industrial Sales/Leasing [ ] 201 Industrial Sales/Leasing

[ ] 206 Property Management [ ] 109 Appraisal [ ] Other \_\_\_\_\_

Do you speak a language other than English? \_\_\_\_\_ If so, what? \_\_\_\_\_

Orientation Date Requested: \_\_\_\_\_ Any Special Dietary Needs: \_\_\_\_\_

Notes: \_\_\_\_\_

**Office Information:**

Company organized as: [ ] Sole Ownership [ ] Partnership [ ] Corporation

If partnership or corporation, list other principals: \_\_\_\_\_

Branch Office

Local Board/Association to which office is affiliated

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all Licensees currently affiliated with you and which branch office they are located. (Please attach additional sheets, if needed.)

Name of Licensee

Branch Office

Name of Licensee

Branch Office

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

\_\_\_\_\_  
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Are you or is any real estate firm in which you are a sole proprietor, general partner or corporate officer involved in any pending bankruptcy or insolvency proceeding or have you or any real estate firm in which you are a sole proprietor, general partner or corporate officer been adjudged bankrupt in the past three (3) years? \_\_\_\_\_

If yes, specify the places(s) and dates(s) of such action, and detail the circumstances relating thereto: (attach additional sheets if necessary) \_\_\_\_\_

NOTE: Applicant acknowledges that if the applicant or any real estate firm in which the applicant is a sole proprietor, general partner, or corporate officer is involved in any pending bankruptcy or insolvency proceedings or has been adjudged bankrupt in the past three (3) years, the Association may require, as a condition of membership, that the applicant pay cash in advance for Association fees for up to one (1) year from the date that membership is approved or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Association, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

Has your real estate license, in this or any other state, been suspended or revoked? \_\_\_\_\_

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto: (Attach additional sheets if necessary) \_\_\_\_\_

Are there now any pending or unresolved complaints, or have there been within the past 3 years, any complaints against you or the firm with which you have been associated before any state real estate regulatory agency or any other agency of government? \_\_\_\_\_

If yes, specify the substance of each complaint in each state, the agency before which complaint was made, and the current status of resolution of such complaint on attached sheet.

**SUBMIT COMPLETED APPLICATION, CURRENT COPY OF PA REAL ESTATE LICENSE, APPROPRIATE ATTACHMENTS, AND NON-REFUNDABLE APPLICATION FEE (IF APPLICABLE) TO:**

Greater Harrisburg Association of REALTORS®

424 N. Enola Drive, Suite 1, Enola, PA 17025-2221.

Phone: (717) 364-3200

Email: [chris@ghar.realtor](mailto:chris@ghar.realtor)

Website: [www.ghar.realtor](http://www.ghar.realtor)

Payments to the Greater Harrisburg Association of REALTORS® are not deductible as charitable contributions for Federal Income Tax purposes. However, such payments may be deductible as an ordinary and necessary business expense.

**THANK YOU! WE LOOK FORWARD TO YOUR MEMBERSHIP!**