



SECONDARY DESIGNATED REALTOR® MEMBERSHIP APPLICATION 2025

Subject to approval by the Board of Directors, I hereby apply for and accept Secondary Designated REALTOR® membership in the Greater Harrisburg Association of REALTORS®.

I am submitting this application form with:

- **The Letter of Good Standing from my primary association and**
- **my pro-rated dues amount.**
- **Once GHAR receives your application, you may submit your subscription to Bright MLS.**
- **Application fee of \$200.**

I 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.

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 Greater Harrisburg Association of REALTORS® 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.

Dues for the calendar year 2025 are \$175.00. Dues are pro-rated. Please contact the office for the current pro-rated amount.

Please attach a letter of good standing from the Association of REALTORS® in which you are a primary member. The Association where you pay your National 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 my fees (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 the enclosed check to pay for my dues.

I hereby submit the following information for your consideration:

Name (as shown on license): _____ Nickname: _____

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.*

Your Home Address _____

Home City, State & zip: _____ Bright ID# _____

Cell #: _____ Allow receipt of Association Texting Yes NO

Email Address: _____

Webpage Address: _____

Real Estate License #: _____ M1/NRDS #: _____ Appraisal Certification #: _____

Company Name: _____

Office Address: _____ City, State, Zip: _____

Direct Office #: _____ Direct Office Fax #: _____

Office M1/NRDS #: _____ Office License #: _____

Office Webpage Address: _____

Please check ONLY one of the following:

Preferred method of phone calls: Office Cell Home

Additional Information:

Name of Primary Association of REALTORS® _____

Your M1/NRDS Number: _____

Have you ever been a member of the Greater Harrisburg Association of REALTORS®? _____ If yes, what year? _____

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® 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 _____

Residential Sales Commercial/Industrial Sales Property Management Appraisal

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

Office Information:

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

If partnership or corporation, list other principals: _____

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, A LETTER OF GOOD STANDING FROM YOUR PRIMARY ASSOCIATION OF REALTORS® AND DUES PAYMENT TO:

Greater Harrisburg Association of REALTORS®

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

Phone: (717) 364-3200

Email: Chris@ghar.realtor Website: 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!