

DESIGNATED REALTOR® MEMBERSHIP APPLICATION FOR 2025

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 \$325.00 application fee*. The application fee* consists of a \$200.00 application fee to GHAR and a \$125.00 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 summit 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 \$325.00 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 M1 number, your application fee and current years' dues must be paid in full.

Dues for the 2025 calendar year are \$574.00. Please contact the office for the current pro-rated amount. Please note if you were a REALTOR® member in 2024, your dues are not pro-rated, you will need to pay the entire 2025 dues.

<u>I hereby certify</u> 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 applic	ation 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? YesNo
Please note: (This will not auto-pay any outstar	nding 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®, 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®, within the past year, the application fee is waived.
- Only first time members must pay PAR's New Member Capital Investment Fee.

Real Estate License #: Appraisa Company Name: Office Address: City, Sta Direct Office #: Direct O Office License # Office M1 # if known:	digit Password (number):					
Preferred Salutation: (Check One) [] Mr. [] Mrs. [] Ms. [] Miss Birth Date: Give us a four *Please provide a fo. Appraisa Company Name: City, Sta Direct Office #: Direct Office M1 # if known:	digit Password (number):					
Real Estate License #: Appraisa Company Name: Office Address: City, Sta Direct Office #: Direct O Office License # Office M1 # if known:	ur-digit number which will be your GHAR online account password. al Certification #:					
**Please provide a for Appraisa Company Name: City, Sta Direct Office #: Direct Office M1 # if known:	te, Zip:					
Office Address: City, Sta Direct Office #: Direct Office License # Office M1 # if known:	te, Zip:					
Office Address: City, Sta Direct Office #: Direct Office License # Office M1 # if known:	te, Zip:					
Office License # Office M1 # if known:	ffice Fax #:					
Your Home Address						
City: State:						
Cell #: Allow receipt of A	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® Association/Board?	[]YES []NO					
If so, which Board or Association:						
Have you ever been a member of a local REALTOR® Association/Board? []						
If so, which Board or Association:						
Has your real estate license, in this or any other state, been suspended or revol	<u> </u>					
Are there any ethics or arbitration matters pending to which you are a party? _ Association Have there been any complaints against you or the f						
any state real estate regulatory agency or any other agency of government with						
circumstances and status of each complaint.	in the last three years: if yes, attach					
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 u						
[] 100 General Residential Sales [] 101 Existing Home Sales [] 102	- · · · · · · · · · · · · · · · · · · ·					
[] 122 Sales Management [] 200 General Commercial/Industrial Sales/						
[] 206 Property Management [] 109 Appraisal [] Other	5					
Do you speak a language other than English? If so, what?_						
Orientation Date Requested: Any Special Dietary						
Notes:	Needs:					

	[] Sole Ownership [] Partation, list other principals:			
Branch Office			Local Board/Association t	to which office is affiliated
		-		
		_		
List all Licensees curre	ently affiliated with you and	d which branch	office they are located. (F	Please attach additional sheets, if
Name of Licensee	Branch Office		Name of Licensee	Branch Office
		-		
		-		
		-		
bankruptcy or insolvence corporate officer been a If yes, specify the places	ey proceeding or have you or djudged bankrupt in the past	any real estate f three (3) years? on, and detail the	irm in which you are a sole	e officer involved in any pending e proprietor, general partner or ereto: (attach additional sheets if
partner, or corporate off the past three (3) years, Association fees for up discharged from bankru obtaining membership is	icer is involved in any pendir	ng bankruptcy of as a condition of that membership in the event that the ember may be placed.	r insolvency proceedings of of membership, that the app of is approved or from the d bankruptcy proceedings are aced on a "cash basis" from	e initiated subsequent to n the date that bankruptcy is
If yes, specify the place	ense, in this or any other state (s) and date(s) of such action	, and detail the c	ircumstances relating there	eto: (Attach additional sheets if
the firm with which you If yes, spe	have been associated before	any state real es omplaint in each	state regulatory agency or a	s, any complaints against you or any other agency of government? hich complaint was made, and

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 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.