



SECONDARY REALTOR® MEMBERSHIP APPLICATION 2025

Subject to approval by the Board of Directors, I hereby apply for and accept Secondary 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.**
- **Application fee of \$200.00**

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 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 dues (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)

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.*

Real Estate License #: _____ M1 # _____ Appraisal License #: _____

Company Name: _____

Branch Office: _____ Direct Office #: _____

Office Address: _____ State: _____ Zip: _____

Your Home Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Allow Association Texting Yes No

Email Address: _____

Webpage Address: _____

Additional Information:

Name of Primary Association of REALTORS® _____

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 _____

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

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!

FOR ASSOCIATION USE ONLY

Date application and dues received: _____ Payment type: _____ Amount of payment: _____

NOTES: