



Greater Harrisburg Association Of REALTORS®

**REALTOR® MEMBERSHIP APPLICATION**

Subject to approval by the Board of Directors, I hereby apply for and accept membership in the Greater Harrisburg Association of REALTORS®, the Pennsylvania Association of REALTORS®, and the National Association of REALTORS®. **I agree to satisfactorily complete the Association’s New Member Orientation Course, Strategies for Success, within two offerings, which I understand is a condition of membership, according to the policy of the Association. Failure to do so will result in denial of the membership application or termination of provisional membership and an additional \$125 application fee.** 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.

NOTE: 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-List System.

NOTE: 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 below fax number(s) and email addresses, I hereby am providing my informed and written consent to receive by fax and/or email any and all communications from the Greater Association of REALTORS® and any of its subsidiary and affiliated organizations and entities. Unless I provide written notice revoking my consent, I understand that this consent will include any changes in fax numbers and/or email addresses.**

Enclosed is my non-refundable **application fee of \$ 125.00.** (See Exclusions Below) Dues for the 2010 calendar year are **\$ 346.00.** Upon acceptance of this application, **I will be billed the dues for 2010. This amount is payable within 60 days and is non-refundable. Please contact the office for the current pro-rated amount.** I hereby certify that the information furnished by me on this form is true and 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Exclusions:**

- 1) **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.**
- 2) **If you have been a member of the Greater Harrisburg Association of REALTORS®, within the past two years, the application fee is waived. Please call 364-3200 to confirm these dates.**

**Note: Please turn over. Both sides of the application must be completed.**

***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: \_\_\_\_\_ Website Password (four digit number): \_\_\_\_\_  
Real Estate License #: \_\_\_\_\_ Appraisal Certification #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Branch Office: \_\_\_\_\_ Direct Office #: \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Web Page Address: \_\_\_\_\_

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

Preferred mailing option:  Home  Office Preferred Fax option:  Home \_\_\_\_\_  Office  
Home Fax Number  
Preferred method of contact:  Mail  Fax  e-mail  
Preferred method of phone calls:  Office  Cell  Home  
Voter Registration:  Democrat  Republican  Independent  Other: \_\_\_\_\_  Not Registered

***Additional Information:***

Have you ever been a member of another REALTOR® Board or Association? \_\_\_\_\_  
If so, which Board or Association: \_\_\_\_\_ NAR # (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® designations you currently hold: \_\_\_\_\_  
Other State Real Estate License(s) and status of license: \_\_\_\_\_  
Primary Area of Real Estate Business: (Please check only one)  
 Residential Sales  Commercial/Industrial Sales  Property Management  Appraisal  
 Administrative/Mgmt.: *Please specify title or job function:* \_\_\_\_\_  
 Personal Assistant for: \_\_\_\_\_  
Do you speak a language other than English? \_\_\_\_\_ If so, what? \_\_\_\_\_

**Submit along with non-refundable application fee to:**

**Greater Harrisburg Association of REALTORS®**  
**424 N. Enola Drive, Suite 1**  
**Enola, PA 17025-2221.**

*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 application fee received: \_\_\_\_\_ NRDS #: \_\_\_\_\_  
Staff Initial: \_\_\_\_\_ Payment type: \_\_\_\_\_ Amount of payment: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Date of New Member Orientation: \_\_\_\_\_