



The Greater Harrisburg Association of REALTORS® Membership List Policies

- The Association will not sell members' home addresses to anyone for any reason.
- The Association will only sell membership lists that include members' e-mail addresses to GHAR REALTOR® and affiliate members.
- Any member who purchases an e-mail list from the Association must insert an opt-out of future e-mails at the bottom of their e-mail and abide by a member's request to be removed from future e-mails. Failure to abide by this may result in future requests being denied by the Association.
- Non-members may only purchase mailing lists (not e-mail lists) of the membership.
- Non-members must pay in advance of receiving a list.
- Membership lists may be purchased in paper as a roster format (limited to Rapattoni database reports) or may be purchased in an Excel spreadsheet format and e-mailed to the recipient. The recipient is responsible for creating the list from Excel without assistance from GHAR staff.
- The price of membership lists are subject to change.
- Association members may ask to be removed from the mailing and e-mail list at any time. However, it is noted that GHAR can only control the GHAR mailing and e-mail lists, not PAR or NAR mailing and e-mail lists.
- All requests for membership lists must be received on the form provided and include the purpose(s) of the mailing or e-mail list. All requests will be reviewed and approved by Association staff. If the Association staff is not sure whether the request should be approved and processed, staff will seek advice from the Association president.
- Anyone failing to abide by the Association membership list policies or using a member list for unauthorized uses may have future list requests refused.

Please contact Sara Bradnick, Member Services Manager with any questions at sara@ghar.info.

Greater Harrisburg Association of REALTORS®
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(717) 364-3200 Phone (717) 364-3206 Fax
www.ghar.info



The Greater Harrisburg Association of REALTORS® Membership List Request Form

Please review list policies on the back of this form prior to choosing a list below:

	MEMBERS	NON-MEMBERS (must pay in advance)
LIST IN A ROSTER FORMAT		
1. REALTORS® (alpha with office address, phone, fax and e-mail) <i>** E-mail addresses not available to non-members</i>	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$150.00
2. REALTOR® Offices with REALTORS® (alpha with address, phone, licensees)	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$150.00
3. REALTOR® Office Listing (alpha with address, phone and fax only)	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
E-MAIL IN AN EXCEL SPREADSHEET		
4. REALTORS® (alpha with office address)	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$150.00
5. REALTORS® (alpha with office address, phone, fax and e-mail) <i>**E-mail addresses not available to non-members</i>	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$300.00
6. REALTOR® List (name and one of the following only: e-mail address, fax, or phone) <i>** E-mail addresses not available to non-members</i>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$200.00
7. Specific Listings <i>(** Please check with Association for list availability)</i>	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$150.00
<input type="checkbox"/> Commercial Members		
<input type="checkbox"/> New Members by join date		
<input type="checkbox"/> Other (Please Specify): _____		

LIST REQUEST FORM

Please fax completed form to (717) 364-3206.

(All requests must be reviewed and approved by the Greater Harrisburg Association of REALTORS®.)

Today's Date: _____ Date Needed: _____ *(must have three day notice)*

Contact Name: _____ Phone: _____

Office/Company: _____

E-mail Address for # 4-7: _____ Purpose of List: _____

Signature: _____ Date: _____

By signing and dating this form, you have acknowledged that you have read and agree to the Membership List Policies on the back of this form.

Payment:

Payment attached Bill me (members only)

Charge my Visa, Mastercard or American Express #: _____ Exp.: _____

Are you a current member of GHAR? Yes No (If you are not a member, payment must accompany this form.)

Would you like more information about becoming a member of GHAR? Yes No

For Association Use Only:		
Approved: _____	Not Approved: _____	Date: _____