

MEMBERSHIP APPLICATION

Greater Philadelphia Association of REALTORS® 123 South Broad Street, Suite 600 Philadelphia, PA 19109 Tele: 215-423-9381 www.gpar.org

Please submit all applications electronically via email to <u>donna@gpar.org</u>. All applications MUST include home address, office location, email address, license number, signature agreeing to membership agreement and all required application fees and dues. Applications will not be accepted via fax or mail. The 2024 GPAR Fee Schedule can be found <u>here</u>.

SECTION I ALL APPLICATIONS

	Preferr	ed Mailing Address:	Home	Office		
Today's Date <u>/ /</u>		Applicant's Name				
			First	Middle	Last	Suffix
Home Address (Manda	tory):					
			Office Nam	e and Addre	ss:	
City St:	ate	Zip				
Ph: 1			City	Sta	ite	Zip
Email Address:(manda						
Website: License #			Ph:	Fa	ax:	
License #	<u> </u>	oker?				
License Exp: / /		yes/no	Email:			
Primary?O		•	Website Ac	ldress:		
(Primary Membership in dues. Secondary member dues through another loo	ers pay	State and National	Office Lice	nse No.:		
Secondary Membership, the board where you hold	please p	provide the name of	Designated	REALTOR®	[®] for office:	

(Please attach a photocopy of your real estate license to this application) (Please attach a photocopy of your certification)

[] BROKER [] SALESPERSON [] APPRAISER

SECTION II INDIVIDUAL APPLICATION

RESIDENT AT PRESE	NT ADDR	RESS SINCE:		,	
PREVIOUS ADDRESS	:		(Month/Date)	(Year)	
			City & State		
PLACE OF BIRTH: DATE OF BIRTH:	(City or	County)	State	Country	
[] YES [] NO <i>If "Yes", give de</i>		DO YOU HA	VE RECORD OF AN	Y RECENT OR PENDI	ING BANKRUPTCY?
[] YES [] NO If "Yes", give de				CTED OF A FELONY?	
Do you hold a Real Esta	te or Appr	aisal License	in any other state?		
* YESIf yes,	please spe	cify: Type	of License. State and	License Number:	
NO	F				
		Туре	of License, State and	License Number:	
State position with firm Other (please e *If "yes," please provide	Truste xplain)	e <u> </u>	oloyeeIndepend	lent Contractor	
HAVE YOU EVER HE *If yes, please provide th Name of Association:	e name of t	he Associatior	n(s) and your NRDS nu	mber (if known):	NO 🗌
HAVE YOU TAKEN A	N ORIEN	FATION CO ag from your p	URSE? * revious Association. If	YES NO Sthere has been a lapse in	membership, you will be required
Professional Designation	held? (ple	ase check all t	that apply)		
ABRAL CIPSGA	C <u>ARM</u> A <u>G</u> RI	IAMO LTG	_CAECCIMC _PRERAAR	PMCRBCRS CESIORSRA	_CRE
IN WHAT PHASES OF	REAL EST	TATE DO YO	U SPECIALIZE?		
Has your real estate licen	se in this or	any other stat	e, been suspended or re	evoked? *Yes	No 🗌
*If "yes," please specify the sheet.	he substanc	e of each comp	plaint in each state, and t	he current status or resolu	tion of such complaint on an attached
					ars, any complaints against you or the her 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 or resolution of such complaint on an attached sheet.

SECTION III COMPANY APPLICATION

This section must be completed by applicants for REALTOR[®] Membership, whether primary or secondary, who are **principals**, **partners**, **corporate officers**, **brokers of record or branch office managers** (i.e., individuals in positions of management control on behalf of individuals who are not physically present and engaged in the real estate profession.)

1. Are you currently a member of another board or association which is affiliated with the NATIONAL ASSOCIATION OF REALTORS[®] or have you held membership in another board or association within the past three (3) years? *Yes No *If yes, list each board and association where membership was held, type of membership held, and approximate dates of membership.

2. State the names and titles of all other principals, partners, or corporate officers of your firm.

Name	Title	Name	Title
Name	Title	Name	Title
3. Is the office address specified in Section I y *If no, please provide the name and address of your p			*No

4. List the names and addresses of all branch offices or other real estate firms in which you are a principal, partner, or corporate officer, broker of record or branch manager and designate interest or position:

Name, Address and Interest/Position

Name, Address and Interest/Position

Name, Address and Interest/Position

Name, Address and Interest/Position

5. 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? * Yes \square No \square

*If "yes," specify the place(s) and date(s) of such action, and detail the circumstances relating thereto. (Attach separate sheet.)

NOTE: Applicant acknowledges that if the applicant or any real estate firm in which the applicant is sole proprietor, general partner, or corporate officer is involved in any pending bankruptcy or insolvency proceeding 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.

SECTION IV MEMBERSHIP AGREEMENT

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Association with an ethics complaint or arbitration request pending, the Board of Directors may condition renewal of membership upon applicant's verification that he/she will submit to the pending ethics or arbitration proceeding and will abide by the decision of the Hearing Panel; or if applicant resigns or is expelled from membership without having complied with an award in arbitration, the Board of Directors may condition renewal of membership upon his/her payment of the award, plus any costs that have previously been established as due and payable in relation thereto, provided that the award and such costs have not, in the interim, been otherwise satisfied.

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 association.

<u>NOTE</u>: I understand that by providing above my mailing address(es), email address(es), telephone number(s), and fax number(s), I consent to receive communications (via U.S. mail, email, telephone, or facsimile at those number(s)/location(s)) sent from GREATER PHILADELPHIA ASSOCIATION OF REALTORS[®], Pennsylvania Association of REALTORS[®] and the NATIONAL ASSOCIATION OF REALTORS[®].

I have read and agree to abide by the **Code of Ethics** of the National Association of REALTORS[®] (available at <u>www.realtor.org</u>) as well as the Bylaws and Policies and Procedures established by the Greater Philadelphia Association of REALTORS[®] (available at <u>www.gpar.org</u>).

SIGNATURE

DATE

SECTION V PAYMENT AUTHORIZATION

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement or act, shall be grounds for revocation of my membership if granted, and I agree that if accepted for membership in the Association, I shall pay the fees and dues as from time-to-time established.

Date:	Signature:		
	(4	(Applicant's Usual Form of Signature)	
		Credit Card Information	
Check One: AMEX	🗌 VISA 🗌 MAST	TERCARD DISCOVER	
C/C Number:	·	·	
Expiration Date	Security No. (3 -	- 4 digits)	
Amount Charged \$	(as specified on du	ues rate sheet)	
Payment for			
Persor	n's Name		
Name as it appears on	Card		
Address where Credit (Card Statement is rec	eceived:	
Street			
City	State	Zip Code	