Greater Hartford Association of REALTORS®
430 New Park Avenue, Suite 202
Hartford, CT 06106
P 860.561.1800 F 860.561.3573
www.gharonline.com

Office Affiliation for New Members/Change Form for Current Members

Please Print All Information

Please Indicate Change Required:

❒ Referral Agent* (Please attach the required Limited Function Referral Office Certification Form)

❒ Change Info ❒ Delete* ❒ New Member ❒ Reactivate ❒ Branch Office

❒ Transfer** *(All GHAR members must include a $25.00 transfer fee)*

For Branch office there is a $25 transfer fee per member, max. of $250

Member's Name _____ Date _____

Member's E-Mail _____

Office Name _____

Office Address _____
(street) (city) (state) (zip)

Office Phone _____ Voice Mail Extension _____

Members' Cell Phone _____

Member's Primary Association:
❒ GHAR ❒ Mid-State ❒ Tri-County ❒ Other: _____

BROKER/ AUTHORIZED OFFICE MANAGER SIGNATURE (REQUIRED)** _____

**Note: By signing above, the new Broker/Office Manager accepts the transfer of responsibility of Member's use of the Keycard and Lockbox equipment.

*Note: By signing above, if an agent is no longer sponsored by your office or is a referral agent the broker accepts responsibility for the return of the Lockbox equipment. In addition, please be sure to contact DCP, DCP.licenseservices@ct.gov, to avoid any non-dues assessments. (Per the GHAR bylaws Section X, 2a.)

❒ I am on Auto Pay. I authorize GHAR to charge my credit card on file. ❒ I have enclosed a check (Made payable to GHAR)

❒ I will charge this on my ❒ MasterCard ❒ Visa ❒ AMEX ❒ Discover

Card # _____ Expiration Date_____ CVV#_____

Print name on card _____ Amount:_____

Cardholder's Signature_____ Date_____ *Rev. 04/18*