Greater Hartford Association of REALTORS®
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Hartford, CT 06106
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www.gharonline.com

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* ☐ Reactivate ☐ Branch Office

☐ Office transfer** *(All GHAR members must include a $25.00 transfer fee)*

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

Member's Name _____ Date _____

Member's E-Mail _____

Members' Cell Phone _____

Office Name _____

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

Office Phone _____ Voice Mail Extension _____

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

REQUIRED BROKER/ AUTHORIZED OFFICE MANAGER SIGNATURE **

_____

**Note: By signing above, the new Broker/Office Manager accepts the transfer of responsibility of Member's use of the eKey and Lockbox equipment.
*Note: By signing above, if an agent is no longer sponsored by your office or becomes a referral agent, the broker accepts responsibility for the return of leased Lockbox equipment (if applicable.) In addition, please be sure to inform DCP, DCP.licenseservices@ct.gov, to avoid any non-dues assessments. (Per the GHAR bylaws Section X, 2a.)
https://portal.ct.gov/DCP/License-Services-Division/All-License-Applications/Real-Estate-License-Change-of-Information.

☐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.1.2020