



Greater Hartford Association of REALTORS®
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P 860.561.1800 F 860.561.3573
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.)

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 _____