



# MEMBERSHIP APPLICATION

**Greater Philadelphia Association of REALTORS®**  
123 South Broad Street, Suite 600  
Philadelphia, PA 19109  
Tele: 215-423-9381 [www.gpar.org](http://www.gpar.org)

Please submit all applications electronically via email to [donna@gpar.org](mailto:donna@gpar.org). 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 [here](#).

## SECTION I ALL APPLICATIONS

Preferred Mailing Address : \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Applicant's Name: \_\_\_\_\_  
First                      Middle                      Last                      Suffix

**Home Address (Mandatory):**  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address:(mandatory) \_\_\_\_\_  
Website: \_\_\_\_\_  
License # \_\_\_\_\_ Broker? \_\_\_\_\_  
License Exp: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      yes/no

**Office Name and Address:**  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Primary? \_\_\_\_\_ Or Secondary? \_\_\_\_\_  
(Primary Membership includes State and National dues. Secondary members pay State and National dues through another local Board.) If applying for Secondary Membership, please provide the name of the board where you hold a primary membership:

Website Address: \_\_\_\_\_

Office License No.: \_\_\_\_\_

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 PRESENT ADDRESS SINCE: \_\_\_\_\_,  
(Month/Date) (Year)

PREVIOUS ADDRESS: \_\_\_\_\_  
City & State

PLACE OF BIRTH: \_\_\_\_\_  
(City or County) State Country

DATE OF BIRTH: \_\_\_\_\_

[ ] YES [ ] NO

If "Yes", give details:

DO YOU HAVE RECORD OF ANY RECENT OR PENDING BANKRUPTCY?

\_\_\_\_\_  
\_\_\_\_\_

[ ] YES [ ] NO

If "Yes", give details:

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

\_\_\_\_\_  
\_\_\_\_\_

Do you hold a Real Estate or Appraisal License in any other state?

\* YES \_\_\_\_\_ If yes, please specify: Type of License, State and License Number: \_\_\_\_\_  
NO \_\_\_\_\_ Type of License, State and License Number: \_\_\_\_\_  
Type of License, State and License Number: \_\_\_\_\_

State position with firm: \* Principal \_\_\_\_\_ \*Partner \_\_\_\_\_ \*Officer \_\_\_\_\_ \*Branch/Office Manager \_\_\_\_\_  
Trustee \_\_\_\_\_ Employee \_\_\_\_\_ Independent Contractor \_\_\_\_\_  
Other (please explain) \_\_\_\_\_

\*If "yes," please provide the name of the Association: \_\_\_\_\_

HAVE YOU EVER HELD MEMBERSHIP IN A REALTOR® ASSOCIATION? \*YES  NO

\*If yes, please provide the name of the Association(s) and your NRDS number (if known):

Name of Association: \_\_\_\_\_

Nine-Digit NRDS Number: \_\_\_\_\_

HAVE YOU TAKEN AN ORIENTATION COURSE? \*YES  NO

Please attach a letter of good standing from your previous Association. If there has been a lapse in membership, you will be required to complete new training with the Greater Philadelphia Association of REALTORS®.

Professional Designation held? (please check all that apply)

\_\_\_ ABR \_\_\_ ALC \_\_\_ ARM \_\_\_ AMO \_\_\_ CAE \_\_\_ CCIM \_\_\_ CPM \_\_\_ CRB \_\_\_ CRS \_\_\_ CRE  
\_\_\_ CIPS \_\_\_ GAA \_\_\_ GRI \_\_\_ LTG \_\_\_ PRE \_\_\_ RAA \_\_\_ RCE \_\_\_ SIOR \_\_\_ SRA

IN WHAT PHASES OF REAL ESTATE DO YOU SPECIALIZE? \_\_\_\_\_

Has your real estate license in this or any other state, been suspended or revoked? \*Yes  No

\*If "yes," please specify the substance of each complaint in each state, and the current status or resolution of such complaint on an attached sheet.

Are there now any pending or unresolved complaints, or have there been within the past three (3) years, any complaints against you or the firm with which you have been associated, before any state real estate regulatory agency or any other agency of government?

\*Yes  No

\*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.

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

<hr/> <p style="text-align: center;">Name <span style="float: right;">Title</span></p>	<hr/> <p style="text-align: center;">Name <span style="float: right;">Title</span></p>
<hr/> <p style="text-align: center;">Name <span style="float: right;">Title</span></p>	<hr/> <p style="text-align: center;">Name <span style="float: right;">Title</span></p>

3. Is the office address specified in Section I your principal place of business? Yes  \*No   
\*If no, please provide the name and address of your principal place of business.

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:

<hr/> <hr/> <p style="text-align: center;">Name, Address and Interest/Position</p> <hr/> <hr/> <p style="text-align: center;">Name, Address and Interest/Position</p>	<hr/> <hr/> <p style="text-align: center;">Name, Address and Interest/Position</p> <hr/> <hr/> <p style="text-align: center;">Name, Address and Interest/Position</p>
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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  No

\*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

I, \_\_\_\_\_,

hereby apply for (Primary REALTOR®/Secondary REALTOR®) membership in the above named Association, and enclose my payment in the amount of ([2024 GPAR Fee Schedule](#)) \$\_\_\_\_\_ which I understand will be returned to me in the event I am not accepted into membership. In the event my application is approved, I agree as a condition of membership to complete the orientation course of the Greater Philadelphia Association of REALTORS® and otherwise on my own initiative to thoroughly familiarize myself with the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, including the duty to arbitrate business disputes in accordance with the **Code of Ethics and Arbitration Manual** of the Association and the Constitutions Bylaws, and Rules and Regulations and duty to arbitrate. I further agree to complete satisfactorily a reasonable and nondiscriminatory written examination covering such Code, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate as applicable. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as from time to time amended. Finally, I consent and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

**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.

**NOTE:** 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 [www.realtor.org](http://www.realtor.org)) as well as the Bylaws and Policies and Procedures established by the Greater Philadelphia Association of REALTORS® (available at [www.gpar.org](http://www.gpar.org)).*

\_\_\_\_\_  
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: \_\_\_\_\_  
(Applicant's Usual Form of Signature)

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### Credit Card Information

Check One:  AMEX  VISA  MASTERCARD  DISCOVER

C/C Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security No. (3 - 4 digits) \_\_\_\_\_

Amount Charged \$\_\_\_\_\_ (as specified on dues rate sheet)

Payment for \_\_\_\_\_  
Person's Name

Name as it appears on Card \_\_\_\_\_

Address where Credit Card Statement is received:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code