



Membership Enrollment Form

Fields marked with(*) are obligatory.

One time enrollment fee 80* € & Annual membership 120 €*

PERSONAL INFORMATION

SURNAME*	NAME*	MIDDLE NAME*
COMPANY NAME*	COMPANY TITLE	
COMPANY ADDRESS*		ZIP CODE
OFFICE PHONE 1*	OFFICE PHONE 2	FAX
HOME ADDRESS	HOME PHONE	ZIP CODE
MOBILE	E-MAIL	WEBSITE
AGENT LICENSE NUMBER*	ISSUE DATE	VAT*
GEMI (STATE BUSINESS REGISTRY) *	TAX REGISTRY OFFICE *	
DATE OF BIRTH	ID CARD NUMBER	
MEMBER OF ANOTHER ASSOCIATION(S) (IF YES, PLEASE WRITE THE NAME)		

EDUCATION / CAREER

DEGREE LEVEL	COURSES /SEMINARS
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SINCE WHEN YOU ARE A REAL ESTATE AGENT /BROKER
PREVIOUS EXPERIENCE

AREAS THAT YOU ARE

YOUR MAIN BUSINESS/ACTIVITY IS IN REAL ESTATE:
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PROPERTY TYPE (PLEASE MARK FROM 1 -5)

OTHER BUSINESS ACTIVITIES:

RESIDENTIAL :

COMMERCIAL:

LAND/LOTS:

HOTELS:

INVESTMENT PROPERTIES /BUSINESS:

ADVERTISING WEBSITES (NAMES); ACCORDING TO YOUR OPINION THE BEST ARE (NAMES)
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REQUIRED ATTACHMENTS:

SIGNATURE

STAMP

1. Photo
2. Internal & external office photos
3. By signing this Membership Form I irrevocably accept HAR CODE of ETHICS
4. HAR has the right to request any additional information. If necessary, based on Statute, paragraph 65.
5. I confirm that all above is true
6. Please print this form, sign it and send it to our address: 6 Dragatsaniou Street, 10 599 Athens, Greece.

DATE