



## 2022 REALTOR DUES PAYMENT PLAN

**(Non-Refundable)**

September 15		October 15		November 15		December 15	
<i>Payment #1</i>		<i>Payment #2</i>		<i>Payment #3</i>		<i>Payment #4</i>	
NAR Dues	\$ 150.00	Local Dues	\$ 70.00	Local Dues	\$ 70.00	Local Dues	\$ 60.00
Public Awareness	\$ 35.00	GAR Dues	\$ 98.00	Admin Fee	\$ 25.00	RPAC optional	\$ 25.00
						Yes___No___	
<b>September TOTAL</b>	<b>\$ 185.00</b>	<b>October TOTAL</b>	<b>\$ 168.00</b>	<b>November TOTAL</b>	<b>\$ 95.00</b>	<b>December TOTAL</b>	<b>\$ 85.00</b>

The Fayette County Board of REALTORS® provides an option whereby renewing REALTOR members may pay their annual membership dues using a 4-month payment plan as follows:

The initial payment includes National and State Dues, NAR's Public Awareness Campaign and a **\$25.00 administrative fee**. Local dues and the optional GARPAC are divided into the (3) three remaining payments, which can be charged to your credit or debit card on the 15th of the month. Post-dated checks are acceptable.

To participate, review chart, fill out form with credit card information and your signature, then return to the board office. After all payments have been made, credit card information will be destroyed.

By my signature, I agree to comply with the Fayette County Board of REALTORS® payment plan schedule as outlined below. I understand that my membership in the Local, State and National Association is not completed nor approved until all payments are received and posted.

I understand and agree that my credit/debit card will be charged in accordance with the amounts and dates indicated in the above chart. I also understand and agree that all monies paid under this agreement are completely non-refundable.

I understand and agree that I may at any time during the September 15 to December 15 timeframe, render payment in full using (credit/debit, cash or check) to pay off remaining balance. I also understand and agree, that if all dues owing are not paid in full by December 31, a \$50.00 late fee or \$100.00 reinstatement fee will be imposed per the Board Bylaws. **No Exceptions.**

**Circle Payment Type:** VISA / MasterCard / American Express / Check (post date 4 separate checks)

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ **FORM DUE BY SEP 15**

*Thank You!*