



## 2019 Berkshire County Board of REALTORS® Dues Payment Plan

I hereby agree that by entering a payment plan (“Plan”) for 2019 Berkshire County Board of REALTORS® dues I authorize the following payment schedule, which includes a \$15 processing fee. The final payment may change should there be any change to the dues structure approved for 2019.

\$ 102.50	Paid upon Initiation of Plan
\$ 102.50	Automatically processed on November 1, 2018
\$ 102.50	Automatically processed on December 1, 2018
\$ 102.50	Automatically processed on January 1, 2019
\$ 102.50	Automatically processed on February 1, 2019
<u>\$ 102.50</u>	Automatically processed on March 1, 2019
<b>\$ 590.00</b>	<b>Total Dues &amp; Processing, plus</b>
<b>\$ 25.00</b>	<b>Voluntary PAF (see below)</b>

As outlined in more detail on the 2019 invoice

\$229 BCBR Dues  
\$161 MAR Dues  
\$185 NAR Dues

I understand that a \$25 fair share voluntary contribution to the National Association of REALTORS® Political Advocacy Fund (“PAF”) has been added to the amount listed above and has been divided amongst the payment schedule. Contributions are voluntary and are used to support issues mobilization and political and legislative advocacy activities. Contributions are not deductible for income tax purposes. You may refuse to contribute without reprisal.

- I wish to eliminate my \$25 PAF contribution (\$98.35/month will be charged instead)
- I wish to change the PAF contribution to \$\_\_\_\_\_ which will be divided among 6 payments.

I also understand that should I resign membership after 12/15/2018 from the Berkshire County Board of REALTORS®, there will be no refund of dues paid through the Plan. Additionally, I acknowledge that if I qualify for a refund, only dues paid to that date will be charged back to the credit card listed below and will not include a refund of the processing fees.

Payment under the “Plan” will be accepted by debit or credit card only. The following card information will be held on account until the Plan is paid in full, after which the information will be deleted.

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Card Holder’s Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

I agree that the initial payment will be processed upon receipt of this form, and subsequent payments on the schedule shown above:

\_\_\_\_\_  
Member Signature Date

