



2017 Dues Budget Plan Option for REALTOR® Members

Under the 2017 REALTOR® Association of Central Massachusetts Budget Plan, you may enroll in the plan to help spread the payments across time plus there are NO LATE FEES!!!

Please enroll me in the 2017 plan: (includes a \$10.00 service fee per payment)

\$ 85.00 REALTOR®	1ST INSTALLMENT October 3, 2016	\$110.00 Designated REALTOR®
\$ 85.00 REALTOR®	2ND INSTALLMENT November 1, 2016	\$110.00 Designated REALTOR®
\$ 85.00 REALTOR®	3RD INSTALLMENT December 1, 2016	\$110.00 Designated REALTOR®
\$ 85.00 REALTOR®	4TH INSTALLMENT January 2, 2017	\$110.00 Designated REALTOR®
\$161.00 REALTOR®	5TH INSTALLMENT February 1, 2017	\$161.00 Designated REALTOR®
\$155.00.00 REALTOR®	6TH INSTALLMENT March 1, 2017	\$155.00 Designated REALTOR®

Please check here if you would like to contribute your Voluntary Fair Share Amount of \$25.00 to RPAC. The budget amounts above do not reflect your contribution. We hope that you will help us reach our 2017 RPAC goal by donating. If you contribute, this one time payment of \$25.00 will be assessed to your credit card on October 1 in addition to the above amount.

I hereby enroll in the 2017 RACM budget plan and understand that processing fees are included in the total amount. If total dues and service fees are not paid AS AGREED, my membership will terminate and I will be subject to all applicable reinstatement fees. **Please note dues are non-refundable.** ***The installment plan is available for CREDIT CARD purchase only. We accept MasterCard, Visa, American Express and Discover.

If for any reason the credit card info provided is invalid or declined a \$20.00 administration fee will be charged. Please fax to: 508-832-6620 or email the form to: lsprague@realtorscentralma.org

I understand that RACM will debit my credit card account as designated above in order to pay the fees and other charges and that all amounts due under the budget plan outlined above will be automatically charged to my credit card. I further understand that REALTOR® dues are non-refundable.

By signing this form you are agreeing to all the above terms.

Payment Information

Name on Card: _____

Billing Address: _____

Card# _____ - _____ - _____

Exp. Date: _____

Signature _____