



# Northeast Georgia Board of REALTORS®

Phone: (706) 781-3030 · Fax: (706) 781-3032

P.O. Box 310 - Blairsville, GA 30512

## 2022 ASSOCIATION MEMBERSHIP DUES PAYMENT PLAN REQUEST FORM

**THIS FORM MUST BE SUBMITTED NO LATER THAN SEPTEMBER 16, 2021 TO PARTICIPATE IN THE PAYMENT PLAN.** Payments will be processed via credit/debit card, or by post-dated checks only. Please ensure all appropriate sections are completed prior to submitting. There is a small administrative fee included in the monthly amounts for processing all payment plan transactions. No portion of amounts paid & processed are refundable, as outlined in Article X, Section 9 of the Northeast Georgia Board of REALTORS® Bylaws. If GAR or NAR should have a rate increase, which is not already included here, you will be invoiced the additional amount on December 2<sup>nd</sup>.

**Payment Plan Amounts:** (✓ check one below)

(Oct. 4th: \$149.00) - (Nov. 1st: \$149.00) - (Dec. 1<sup>st</sup>: \$149.00)  Selected

with RPAC (Oct. 4th: \$157.00) - (Nov. 1st: \$157.00) - (Dec. 1<sup>st</sup>: \$157.00)  Selected

### **OPTION #1: TO PAY BY CREDIT OR DEBIT CARD, PLEASE COMPLETE THIS SECTION.**

**If the credit/debit card does not process, there will be a \$35 NSF fee applied to your balance for each occurrence.**

*My signature below indicates that I agree to allow NEGBOR® to charge the installment amounts selected above against the credit card indicated below.*

Print Name exactly as it appears on Card: \_\_\_\_\_

Type of Card: (check one)  Mastercard  Visa  Discover  AmEx

Card Number: \_\_\_\_\_ CVC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
(on back of card)

Credit Card Billing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ (where you would like your receipt sent)

*If you have selected the Credit/Debit card plan, you may fax this form to 706-781-3032 or email to [mary@negboard.com](mailto:mary@negboard.com).*

### **OPTION #2: TO PAY BY 3 POST-DATED CHECKS, PLEASE COMPLETE THIS SECTION.**

**There will be a \$35 NSF fee applied to your balance if any of the checks are returned.**

Mail this form with the (3) checks to NEGBOR: P.O. BOX 310, BLAIRSVILLE, GA 30514. This form along with the (3) checks must be received no later than **September 16, 2021**. A drop box is available outside the NEGBOR® office front door.

*My signature below indicates that I agree to allow NEGBOR® to process each post-dated check.*

Full Name of Member \_\_\_\_\_

E-mail: \_\_\_\_\_ (where you would like your receipt sent)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you do not receive a confirmation email, please contact us at 706-781-3030*