

2018 Advantage Plan Agreement

PLEASE COMPLETE ALL FIELDS

Last: _____ First: _____ Middle: _____

Real Estate License Number: _____

Office: _____

Email: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

The term of this agreement is from join date to the end of the yearly membership cycle. This Agreement authorizes DABOR to automatically charge your bank card by the 5th of each month through the end of the current billing cycle for the amount specified. Please notify DABOR of any changes to your account. If payment is declined for any reason, you will be charged a \$10.00 late fee for the first instance and \$25.00 for each instance thereafter. All declined or late payments will result in **immediate** loss of services, including MLS access until full payment (including late fees) is received. Nonpayment for 2 months will result in suspension of board membership, revocation of enrollment and payment for the remainder of the contract is due in full to reinstate membership. If you join the Advantage Plan and terminate your membership you agree to pay the full remaining installments on your plan. All financial debts must be paid in full to receive a good standing letter from DABOR. The annual enrollment fee is \$10.00. Members who default in the previous year are not eligible to renew the Advantage Plan.

DABOR IS NOT responsible for notifying you regarding declined and/or returned payments. There are no exceptions to the information stated above.

By signing, I agree to and accept the terms of the Advantage Plan Payment Agreement.

Signature: _____ Date: _____

New Members	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept			TOTAL
Starting Month:												
Jan.	325	50	50	50	50	50	50	50	50			725
Feb.		335	50	50	50	50	50	50	50			685
Mar.			350	50	50	50	50	50	50			650
Apr.				360	50	50	50	50	50			610
May					375	50	50	50	50			575
June						385	50	50	50			535
July							400	50	50			500
Renewing Members	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept			
	150	50	50	50	50	50	50	50	50			550

RPAC DONATION
(optional)

____ Yes, I would like to make a one time donation to RPAC in the amount of:

- \$100.00
- \$50.00
- \$35.00

Name as it appears on card (print) _____

   Card number _____ exp. _____

Signature _____ date _____