

2019 PRIMARY MEMBERSHIP DUES EASY PAY PLAN

GPAR is offering Primary Members our four-installment Easy Pay Plan, **which is only available via credit card payment.** Primary Members may also elect to make a donation to the REALTORS® Political Action Committee (RPAC) at this time. RPAC contributions will be charged with the fourth and final installment posted on January 3, 2019. By signing below, you authorize GPAR to charge the payments on the dates listed below to your account. If you participate in the Easy Pay Plan and sign up any time after the first scheduled payment, all payments up to the current payment will be taken with the first payment. All REALTOR® membership dues must be paid in full on or before January 3, 2019.

<u>Payment #1</u>	October 9, 2018	\$146.25
<u>Payment #2</u>	November 13, 2018	\$146.25
<u>Payment #4</u>	December 11, 2018	\$146.25
<u>Payment #5</u>	January 3, 2019	\$146.25

**Optional contribution to RPAC.* \$35.00 is the suggested contribution amount. ____
X here if you wish to contribute to RPAC. \$_____ Enter donation amount here.**

**Contributions are not deductible for income tax purposes. Contributions to RPAC are voluntary and are used for political purposes. The amount suggested is merely a guideline and you may contribute more or less than the suggested amount. You may refuse to contribute without reprisal and the National Association of REALTORS® or any of its state associations or local boards will not favor or disfavor any member because of the amount contributed. 70% of each contribution is used by your state PAC to support state and local political candidates. Until your state PAC reaches its RPAC goal 30% is sent to National RPAC to support federal candidates and is charged against your limits under 52 U.S.C. § 30116; after the state PAC reaches its RPAC goal it may elect to retain your entire contribution for use in supporting state and local candidates.*

GPAR Member #: _____ NAME: _____

NAME AS IT APPEARS ON ACCOUNT (IF DIFFERENT) _____

ADDRESS WHERE ACCOUNT STATEMENT IS RECEIVED _____

CITY: _____ STATE: _____ ZIP CODE: _____

CARD TYPE: VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER

EXP. DATE: ____/____ CIS: _____ CARD # _____

I certify that I have read and agree to the above terms.

Signature of Name on Credit Card

Date

Once complete email to charlotte@gpar.org
Subject to established GPAR privacy policy.