



3-Pay Dues Payment Program

802A S. Pokegama Ave, Grand Rapids MN 55744
Phone 218-326-6622 / Fax 218-326-1690 / www.nmbuilders.com

This agreement is executed this _____ day of _____, 20_____.

I, _____, an official company representative for
PRINT CONTACT NAME

_____ is joining/reinstating the membership in
PRINT COMPANY NAME

the Northern Minnesota Builders Association and wish to take advantage of the **NMBA 3-Pay** program. As such, I agree to the following terms and conditions of the **NMBA 3-Pay** program. I understand that annual dues to the NMBA (which include my dues to the National Association of Home Builders and the Builders Association of Minnesota) are **\$475**. A **\$20** administration fee will be charged to take part in this program.

Please Note: To take part in this option, this signed and dated form along with first payment must be submitted to the NMBA office. The full 3-in-1 membership (NMBA, NAHB, BAM) will take effect on your final payment. There are no refunds on this program; any payments made until the third payment will be considered a donation to the NMBA in support of the industry.

Please check one option:

- Check Payments:** I am taking advantage of the **NMBA 3-Pay** program and will be paying by check or money order. My first payment of **\$165** will accompany this agreement and is payable upon receipt; my next 2 payments will be made by the last business day of the following 2 months.
- Credit Card Payments:** I have chosen the **NMBA 3-Pay** program credit card option. I have included my credit card information with this agreement and agree to 3 consecutive monthly charges to my credit card each in the amount of **\$165**. The first payment will be charged upon receipt, and the following two will be charged on the last business day of each month.

I agree to the terms and conditions of the NMBA 3-Pay program.

Authorized Member Signature _____ Date _____

NMBA EO Signature _____ Date Received _____

Date of 1st payment _____ 2nd payment _____ 3rd payment _____

Credit Card Number _____ Expiration date _____

Security Code (back of card) _____ Name on Card _____

Billing Address _____