

**Designated REALTOR® Dues for Non-Member Sales Persons
OAKLAND/BERKELEY ASSOCIATION OF REALTORS®**

2855 Telegraph Ave. Suite 600 | Berkeley, CA 94705-1161
Office Phone: (510) 848-4288, Fax (510) 848-2439

DATE: _____

DUE DATE: Prior to end of grace period

NON-REALTOR® MEMBER LICENSEE(S)*:

<u>First Name</u>	<u>Last Name</u>	<u>BRE License Number</u>	<u>NRDS/Member ID (If applicable)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*If there are additional NMSPs, please attach a list to this form.

Description	Amount
OBAR 2017 Non-Member Sales Person Dues	\$295.00
CAR 2017 Non-Member Sales Person Dues	\$184.00
NAR 2017 Non-Member Sales Person Dues	\$120.00
Subtotal	\$599.00
Non-member count (above)	x
TOTAL	_____

Paying NMSP dues satisfies your dues obligation as a broker; however, it does not entitle the Non-REALTOR® Member Licensee to access OBAR, CAR, or NAR benefits. To access the full benefits, services and programs of local, state and national Association Membership, please see the enclosed Association Application and Fee Proration Schedule.

Additionally:

1. If the non-REALTOR® Member licensee is exclusively engaged in referring clients to the Designated REALTOR®, you may complete the enclosed Limited Function Referral Office (LFRO) Certification Form, and this licensee will be removed from your dues calculation.
2. If the non-REALTOR® Member licensee listed in this letter is no longer practicing real estate with your firm, you must remove the licensee from your license in the BRE (<https://secure.dre.ca.gov/elicensing/>). This licensee will then automatically be removed from your dues calculation.

If you believe you have received this letter in error and the member has already paid their dues, or if you have made changes to the BRE, or wish to discuss these options further, please contact OBAR by phone at 510-848-4288 or by email at charisse@theobaor.org

Check# _____ Please make checks payable to "OBAR". Mail to address shown above.

- Credit Card Payments Only -

For a one-time credit card payment, fill in the information below (please print clearly), sign the form, and return it by mail to the above address or fax to (510) 848-2439 prior to the end of the agent's grace period.

Credit Card: MasterCard VISA Discover

Exp. ____ / ____

Name of Cardholder

3-digit code ____
(from the signature line on the back of your credit card)

Signature