



ARCADIA

ASSOCIATION OF REALTORS®

Credit Card Authorization Form

I hereby authorize the Arcadia Association of REALTORS® to charge my credit card for the appropriate charges. I understand the authorization will apply only to the charge(s) that I have specified.

Date: _____

Name: _____ MLS ID#: _____

Phone: (_____) _____

Type of Payment:

Annual REALTOR® Dues (N.A.R., C.A.R., A.A.R.)

Housing Affordability Fund (\$10)

(H.A.F. is an optional donation; please check if you would like to contribute)

California Association of REALTORS® Housing Affordability Fund is able to fund programs that help REALTORS® clients through your generous support.

REALTOR® Action Fund (\$50)

(R.A.F. is an optional donation; please check if you would like to contribute)

REALTOR® Action Fund (R.A.F.) raises money to advance the goals of our REALTOR® political action committees (PACs) at the local, state, and federal levels of government.

Automatically every Quarter CRMLS fees

This Quarter Only CRMLS Fees

One Time Only Charge in the Amount of: \$_____

Payment:

MasterCard

Visa

C.C. #: _____ CID #: _____ Exp. Date: _____
(Last 3 digits on back of card)

Signature: _____

601 South First Avenue, Arcadia, California 91006

Phone (626) 446-2115 Fax (626) 446-4072

www.TheAAR.com

E-Mail: robin@theaar.com