

Designated REALTOR® Dues for Non-Member Sales Persons

BRIDGE ASSOCIATION OF REALTORS®

2855 Telegraph Ave. Suite 600 | Berkeley, CA 94705-1161

Office Phone: (510) 848-4288, Fax (510) 848-2439

Email: staff@bridgeaor.org

DATE:

DUE DATE:

NON-REALTOR® MEMBER LICENSEE(S)*:

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

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

Description	Amount
BAOR 2024 Non-Member Sales Person Dues	\$295.00
CAR 2024 Non-Member Sales Person Dues	\$231.00
NAR 2024 Non-Member Sales Person Dues	\$156.00
Subtotal	\$682.00
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 Bridge AOR, CAR, or NAR benefits. To access the full benefits, services and programs of local, state and national Association Membership, please refer to the [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 [DRE \(https://secure.dre.ca.gov/elicensing/\)](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 DRE, or wish to discuss these options further, please contact Bridge AOR by phone at 510-848-4288 or by email at staff@bridgeaor.org.

- 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 email to the above email address or fax to (510) 848-2439 prior to the end of the agent's grace period.

Credit Card: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

Exp. ____ / ____

Name of Cardholder

security code ____
(from the back or front of your credit card)

Signature