

Dues Payment Form

If you opt for one our payment plans, then you are exempt from the date requirement of January 31st. If you opt for one of our payment plans after the start date of November 1st, you will be charged the appropriate amount to become current on the chosen plan.

I understand if I elect auto credit/debit card payments, my card will be charged on the day of or up to 5 business days after the due date. Should my card decline payment when requested, I understand NDA will charge my card until my payment(s) are current with the American Dental Association, Nevada Dental Association and local component society, unless I

request the NDA to cancel auto payment.

First and Last Name: _____

Please check all that apply.

[]	Pay in Full	[]	Payment Plan	[]	Auto Renew for next year
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[] Voluntary Donations

Payment Plan Option # _____ Required & Voluntary Total \$_____

(Leave blank if unknown)

NDA Foundation (\$100) _____NVDA PAC (\$250) _____

AD PAC (\$100)_____ ADA Alliance (\$60)_____

Name on Credit Card: _____

Billing Address: _____

Business City & Zip Code: _____

Email Address: _____

Credit Card #: ______

Exp: ______ Security Code: ______

Personal Account [] Business Account []

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Fax to 702-255-3302 or email to <u>suzzi.fobbs@nvda.org</u>. For dues inserts or for more payment options visit <u>nvda.org/membership/payment-options</u>.

You must use a debit card, credit card, or electronic check payment option if you opt for one of our payment plans. Checks will NOT be accepted.

PAYMENT PLANS

[] Option 1

2 equal installments are due by the 1st of each month. e.g. Nov—Dec for 1/2 dues. **\$50 fee** will be added for this payment plan.

[] Option 2

4 equal installments are due by the 1st of each month. e.g. Nov, Dec, Jan, Feb for 1/4 dues. \$50 fee will be added for this payment plan.

[] Option 3

6 equal installments are due by the 1st of each month. e.g. Nov, Dec, Jan, Feb, Mar & April for 1/6 dues. **\$100 fee will be added for this payment plan.**

[] Option 4

8 equal installments are due by the 1st of each month. e.g. Nov, Dec, Jan, Feb, Mar, April, May & June for 1/6 dues. **\$100 fee** will be added for this payment plan.

[] Option 5

12 equal installments are due by the 1st of each month. e.g. Nov—Oct each for 1/12 dues. **\$100 fee will be added for this payment plan.**

Authorized Signature