



**DCBA 2019-2020 Dues Renewal**  
**Dues Installment Payments (please print legibly)**

**Member Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Dues Installment Payments**

I authorize the DuPage County Bar Association to receive my dues by charging my credit card in 4 equal quarterly payments.

First payment will be charged upon receipt and others on or around the 15th of October, January and April.

**Total amount** to be charged for the year =

\$ \_\_\_\_\_ (\$ \_\_\_\_\_ /Quarter)

**Credit Card #** \_\_\_\_\_

**Exp.** \_\_\_\_\_ **CVV** \_\_\_\_\_

**Credit card billing address:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Cardholder name, if different:** \_\_\_\_\_

Mail or Fax to :  
DCBA, 126 S. County Farm Rd, Wheaton, IL 60187  
bar@dcba.org Fax: 630.653.7870