

CAI Community Association Leader and Homeowner Membership Application

Joining CAI is easy. Simply follow the steps below. Please print clearly.

Join online and start receiving your benefits today!
www.caionline.org/join



STEP 1: Primary Contact.

This contact has sole authority to make changes to the membership.

DATE _____

In some instances both this contact and the billing contact may be the same.

This primary contact should receive member benefits through an individual membership or as one of the paid board memberships. Yes No

If yes, there is no need to enter the individual's contact information again in the *Sign Up Your Board Members* section on page 2.

MR. MRS. MS. DR. LEGAL FIRST NAME _____ LAST NAME _____ SUFFIX _____

NICKNAME _____ ADDRESS _____

CITY _____

STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

ASSOCIATION NAME _____

HOME PHONE _____ MOBILE PHONE _____

FAX _____ EMAIL _____

Did someone recommend that you join CAI? Please give name and organization. _____

Privacy Option (visit www.caionline.org/about/privacy to review full policy):

I do not wish my name and/or address information to be provided to any outside organizations for promotional purposes.

STEP 2: Calculate Your Member Dues

| | | |
|---|------------------------------|--------------|
| Individual Board Member, Homeowner, or Public Official: | Membership Fee | \$99 |
| | Advocacy Support Fee | \$15 |
| | Total Membership Dues | \$114 |

Every dollar of the mandatory \$15 Advocacy Support Fee goes directly to states with Legislative Action Committees and supports the efforts of CAI to represent and protect our members on state legislative and regulatory issues.

The Foundation for Community Association Research operates on behalf of the industry and conducts surveys and research, provides national programming, and produces a variety of publications including the series of Best Practices reports. Donations to the Foundation are tax deductible. We recommend a \$10 donation from an individual board member or \$15 from a board of 2 or more members.

Board membership—enjoy CAI's group discount program—the more board members you sign up, the more you save! Select the dues amount below based on the total number of members you are signing up. Total dues amounts include advocacy support fee.

2 Member Board—\$200 3 Member Board—\$275 4 Member Board—\$345 5 Member Board—\$395 6 Member Board—\$445 7 Member Board—\$500
For rates on additional board members, call (888) 224-4321 (M–F, 9–6:30 ET).

STEP 3: Membership Payment—U.S. Dollars Only

Total Member Dues _____

Foundation Donation (optional) _____

Suggested donation level for 1 board member—\$10 _____

or board of 2 or more—\$15 _____

TOTAL PAYMENT: \$ _____ *Membership dues are non-refundable.*

Check enclosed (made payable to CAI) Visa MasterCard American Express Discover

NAME ON CARD _____ SIGNATURE _____

BILLING ADDRESS _____

CITY _____

STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

CARD NO. _____ EXP DATE _____

Once completed, submit your application and payment.

PHONE: (888) 224-4321 (credit cards only)

MAIL: CAI, P.O. Box 34793, Alexandria, VA 22334-0793

ONLINE: www.caionline.org/join (credit cards only)—start enjoying your benefits today!

FAX: (240) 524-2424 (credit cards only)

STEP 4: Billing Contact (The billing contact will receive membership renewal notices and does not have to be part of the paid membership.)

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STEP 5: Choose Your Chapter.

Membership in a local chapter is included in your membership. For a complete chapter list visit www.caionline.org/chapters/find. If you don't choose a chapter one will be assigned for you based on your zip code.

CHAPTER CHOICE _____

(IF JOINING 2 OR MORE PEOPLE, PLEASE CONTINUE ON PAGE 2)

Membership application for _____

ASSOCIATION NAME

PAGE 2 OF 2

BOARD MEMBERSHIP Complete the following sections ONLY if you are joining 2 or more people.

Association Information

NAME OF ASSOCIATION (SPELL OUT COMPLETELY) _____
_____ ACRONYM _____

ASSOCIATION ADDRESS _____

CITY _____

STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

ASSOCIATION PHONE _____ FAX _____

ASSOCIATION EMAIL _____ ASSOCIATION WEBSITE _____

Sign Up Your Board Members. Please provide the contact information for the members of your board you are signing up for membership.
IMPORTANT: A full name must be provided for each board member due to postal service regulations and to ensure delivery of mailed membership benefits. Names such as "Board Member" and "Treasurer" or other officer positions may not be used. When possible, please provide an e-mail address as many CAI benefits are delivered electronically.

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If you would like to add additional members, please make a photocopy of this form.