

CAI Manager Membership Application



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

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

STEP 1: Membership Contact Information

Membership materials will be sent to this address. Once your application is processed, you can supply an alternate/secondary address via your online profile.

DATE _____

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

NICKNAME _____ TITLE _____ BUSINESS ACRONYM _____

BUSINESS/ORGANIZATION (SPELL OUT COMPLETELY) _____

BUSINESS ADDRESS _____

CITY _____

STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

BUSINESS PHONE _____ DIRECT PHONE _____

MOBILE PHONE _____ HOME PHONE _____

BUSINESS FAX _____ EMAIL _____

BUSINESS WEBSITE _____

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

Membership Fee	\$109
Advocacy Support Fee	\$15
Total Membership Dues	\$124
Foundation Donation (optional)	\$10
Total Dues including Foundation Donation	\$134

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.

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

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

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

NAME ON CARD _____ SIGNATURE _____

BILLING ADDRESS _____

CITY _____

STATE _____ POSTAL CODE _____ COUNTRY _____

CARD NO. _____ EXP DATE _____

STEP 4: 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 _____

STEP 6: Submit your application and payment.

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

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

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

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