

CAI Management Company Member Application

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



STEP 1: Membership Contact Information

DATE _____

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

TITLE _____ COMPANY ACRONYM _____

COMPANY/ORGANIZATION (SPELL OUT COMPLETELY) _____

COMPANY ADDRESS _____

CITY/STATE/ZIP+4 _____

COMPANY (MAIN) PHONE _____ DIRECT PHONE _____

CELL PHONE _____ HOME PHONE _____

COMPANY FAX _____ EMAIL _____

COMPANY WEBSITE _____

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

Privacy Options (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.

I do not wish to receive special offers from CAI: via fax via email

STEP 2: Calculate Your Member Dues

Membership Fee	\$375
Advocacy Support Fee	\$15
Total Membership Dues	\$390

Foundation Donation (optional)	\$20
Total Dues including Foundation Donation	\$410

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.

Membership dues are non-refundable.

STEP 3: Membership Payment

TOTAL MEMBER DUES: \$ _____

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

NAME ON CARD _____ SIGNATURE _____

BILLING ADDRESS _____ CITY/STATE/ZIP+4 _____

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 5: Please tell us about your company.

Number of communities managed _____ Total number of units managed _____

Number of managers on staff _____ Number of credentialed managers _____

State(s) in which you do business _____ Founding year of business _____

WEB

STEP 6: Submit your application and payment.

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

ONLINE: www.caionline.org/join (credit cards only)

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

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

IMPORTANT TAX INFORMATION: Under the provisions of section 1070(a) of the Revenue Act passed by Congress in 12/87, please note the following. Contributions or gifts to CAI are not tax-deductible as charitable contributions for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. CAI estimates that the non-deductible portion of your dues is 17%. For specific guidelines concerning your particular tax situation, consult a tax professional. CAI's Federal ID number is 23-7392984. \$39 of annual membership dues is for your non-refundable subscription to *Common Ground*.