

# CAI MEMBERSHIP APPLICATION

**FOR COMMUNITY ASSOCIATIONS:** board members, trustees, and homeowners residing in all types of community associations (condominiums, townhomes, homeowner associations, and cooperatives)

*CAI also has memberships for community managers, professional service providers, and suppliers. Please call (703) 548-8600 for a membership application.*

TODAY'S DATE \_\_\_\_\_

ASSOCIATION NAME \_\_\_\_\_

## MEMBERSHIP MAILING INFORMATION

Please provide contact information for three board members or trustees to receive subscriptions to CAI's magazine and newsletters. The primary contact will receive the ballot for the national Board of Trustees election.

### PRIMARY MEMBER:

#### 1. BOARD MEMBER \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

### ADDITIONAL CONTACTS:

#### 2. BOARD MEMBER \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

#### 3. BOARD MEMBER \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

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 any special offers or promotions from CAI via fax.

I do not wish to receive any special offers or promotions from CAI via email.

## FOUR EASY WAYS TO JOIN CAI

**MAIL:** CAI, Dept. 793, Alexandria, VA 22334-0793 (checks or credit cards)

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

**PHONE:** (703) 548-8600 (credit cards only)

**ONLINE:** www.caionline.org (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 2%. For specific guidelines concerning your particular tax situation, consult a tax professional. CAI's Federal ID number is 23-7392984.

\$117 of annual membership dues is for your three non-refundable subscriptions to *Common Ground* (\$39 for individual homeowner members). \$375 of annual gold membership is for your three non-refundable subscriptions to *Law Reporter*.

## MEMBERSHIP DUES

### COMMUNITY ASSOCIATIONS: (Please check one)

	STANDARD	GOLD
1-50 units	<input type="checkbox"/> \$150	<input type="checkbox"/> \$595
51-150 units	<input type="checkbox"/> \$195	<input type="checkbox"/> \$595
151-350 units	<input type="checkbox"/> \$250	<input type="checkbox"/> \$595
351-500 units	<input type="checkbox"/> \$295	<input type="checkbox"/> \$595
501+ units	<input type="checkbox"/> \$350	<input type="checkbox"/> \$595

Total number of units/homes in your association: \_\_\_\_\_

**INDIVIDUAL HOMEOWNER:**  \$95

(Complete Primary #1 only)

## ADDITIONAL INFORMATION

■ Did someone recommend that you join CAI? Please give name and company. \_\_\_\_\_

■ Chapter selection (If you do not choose one, the closest chapter to you will be selected.) \_\_\_\_\_

■ Is your community:

- Self-managed by homeowners
- Managed by a dedicated on-site staff
- Managed by a management company
- Other \_\_\_\_\_

■ Your primary reason for joining CAI is:

- Publications
- Education
- Other \_\_\_\_\_
- Discounts
- Networking

## BILLING ADDRESS (If different from the primary member)

CONTACT NAME \_\_\_\_\_

COMPANY/ASSN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

## PAYMENT INFORMATION (Check appropriate payment method)

**TOTAL DUES \$** \_\_\_\_\_

CHECK ENCLOSED (Made payable to CAI)

VISA     MASTERCARD     AMERICAN EXPRESS

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARD NO. \_\_\_\_\_

**Prices subject to change without notice. Your membership will not be processed unless payment accompanies this application.**

*Membership in a local chapter is included in your membership and cannot be deducted nor joined separately.*