CAI Community Association Leader and Homeowner Membership Application



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

STEP 1: Association Contact Information				DATE		
NAME OF ASSOCIATION (SPELL OUT COMPLETELY)						
					ACRONYM	
ASSOCIATION ADDRESS						
CITY/STATE/ZIP+4						
ASSOCIATION PHONE		_ FAX				
ASSOCIATION EMAIL	ASSOCIATION WEBSITE					
Did someone recommend that you join CAI? Please give name						
STEP 2: Add Billing Contact (Primary contact for to ensure delivery of mailed membership benefits. Names such as "						
○ MR. ○ MRS. ○ MS. ○ DR. FIRST NAME	LAST NAME			SUFFIX		
HOME ADDRESS						
CITY/STATE/ZIP						
HOME PHONEW	ORK PHONE			CEL	L PHONE	
FAX_		EMAIL				
Privacy Options (visit www.caionline.org/about/privacy to review full policy): O I do not wish my name and/or address information to be pro I do not wish to receive special offers from CAI: O via fax	vided to any outside					
STEP 3: Sign Up Additional Members of Your on page 2 to add additional board members to your members and your members are your members of Your members and your members are your members and your member	Board. Sign up e embership.	each of you	r board mem	bers and enjoy	a discount. Please use the additional space	
STEP 4: Calculate Your Member Dues						
Individual Board Member, Homeowner, or Public Official:	Membership Fee		\$99			
	Advocacy Suppor		\$15			
	Total Membership	o Dues	\$114			
Board membership—enjoy CAI's group discount program—the bers you are signing up. (Total dues amount includes Advocacy St. Committees and supports the efforts of CAI to represent and prot	upport Fee—Every do	llar of the m	andatory \$15 Ac	lvocacy Support		
Membership dues are non-refundable.	2 Member Board 3 Member Board		4 Member B 5 Member B		6 Member Board \$424 7 Member Board \$474	
	For rates on addit	tional board	l members, cal	l (888) 224-432	1 (M–F, 9–6:30 ET).	
STEP 5: Membership Payment						
Total Member Dues (including Advocacy Support Fo	ee)					
Foundation Donation (optional) Suggested donation level for 1 board member—\$11 or board of 2 or more—\$15						
TOTAL PAYMENT:	\$					
We recommend a \$10 donation from an individual board mem (The Foundation for Community Association Research operates variety of publications including the series of Best Practice rep Membership dues are non-refundable.	s on behalf of the inc	dustry and c	onducts surveys	and research, p	's Foundation for Community Association Researc provides national programming, and produces a	
O Check enclosed (made payable to CAI) O Visa	O MasterCard	O Americ	an Express	O Discover		
NAME ON CARD		_ SIGNATURE				
BILLING ADDRESS		_ CITY/STATE	/ZIP+4			
CARD NO					EXP DATE	
PHONE: (888) 224-4321 (credit cards only) ONLINE: www.caionline.org/join (credit cards only) MAIL: CAI, P.O. Box 34793, Alexandria, VA 22334- FAX: (240) 524-2424 (credit cards only)						
STEP 6: Choose Your Chapter. Membership in a chapters/find. If you don't choose a chapter one will be					aplete chapter list visit www.caionline.org/	
CHAPTER CHOICE						

(PLEASE CONTINUE ON PAGE 2)

Membership application for _____ PAGE 2 OF 2 ASSOCIATION NAME **STEP 7:** Please tell us about your association. Number of units/homes_ _ Month of Annual Meeting/Officer Elections____ Community type: O High-rise O Garden O Townhouse O Mid-rise O Single Family O Mixed O Other___ Managed? O Self-Managed O Onsite Manager O Management Company. Management Company Name____ Sign Up Additional Members of Your Board. (Continued from STEP 3) 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. O MR. O MRS. O MS. O DR. FIRST NAME_ ___ LAST NAME __ HOME ADDRESS CITY/STATE/ZIP_ _____WORK PHONE ____ EMAIL Privacy Options (visit www.caionline.org/about/privacy to review full policy): O 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: O via fax O via email O MR. O MRS. O MS. O DR. FIRST NAME LAST NAME HOME ADDRESS CITY/STATE/ZIP _____WORK PHONE ____ HOME PHONE CELL PHONE Privacy Options (visit www.caionline.org/about/privacy to review full policy): O 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: O via fax O via email O MR. O MRS. O MS. O DR. FIRST NAME____ LAST NAME HOME ADDRESS CITY/STATE/ZIP _____ WORK PHONE ____ _____ CELL PHONE_ HOME PHONE EMAIL Privacy Options (visit www.caionline.org/about/privacy to review full policy): ${ m O}$ 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: O via fax O via email O MR. O MRS. O MS. O DR. FIRST NAME_____ HOME ADDRESS_ CITY/STATE/ZIP ____ _____WORK PHONE _____ ____ CELL PHONE____ HOME PHONE _ EMAIL FAX Privacy Options (visit www.caionline.org/about/privacy to review full policy): O 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: O via fax O via email O MR. O MRS. O MS. O DR. FIRST NAME_____ LAST NAME HOME ADDRESS_ CITY/STATE/ZIP _____WORK PHONE ____ HOME PHONE CELL PHONE _ EMAIL __

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