

# CAI Management Company Member 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](http://www.caionline.org/join)

## STEP 1: Membership Contact Information

DATE \_\_\_\_\_

MR.  MRS.  MS.  DR. LEGAL FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

NICKNAME \_\_\_\_\_ TITLE \_\_\_\_\_ COMPANY ACRONYM \_\_\_\_\_

COMPANY/ORGANIZATION (SPELL OUT COMPLETELY) \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP+4/POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

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](http://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 information about CAI events, publications, services or other marketing information:  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.

## 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 \_\_\_\_\_ ZIP+4/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](http://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 you wish to add additional chapters for a fee, please complete a Multi-Chapter membership application available at [www.caionline.org/benefits](http://www.caionline.org/benefits)

## 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 \_\_\_\_\_

Founding year of business \_\_\_\_\_

## STEP 6: Submit your application and payment.

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

**ONLINE:** [www.caionline.org/join](http://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)