

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 _____ COMPANY ACRONYM _____

COMPANY/ORGANIZATION (SPELL OUT COMPLETELY) _____

PRIMARY ADDRESS _____

CITY/STATE _____

ZIP+4/POSTAL CODE _____ COUNTRY _____ COMPANY OR HOME ADDRESS

MAIN OR DIRECT WORK PHONE _____ CELL PHONE _____

FAX _____ HOME PHONE _____

EMAIL _____

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 information about CAI events, publications, services or other marketing information: via fax via email

STEP 2: Calculate Your Member Dues

Membership Fee	\$105
Advocacy Support Fee	\$15
Total Membership Dues	\$120
Foundation Donation (optional)	\$10
Total Dues including Foundation Donation	\$130

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. 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 yourself.

When did you begin working as a community manager? _____ Number of communities you directly manage _____

Type(s) of communities managed:

Condominium Townhouse Single Family Mixed Commercial Rental

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)