

Application for CAI's Accredited Association Management Company (AAMC) Accreditation



FOR OFFICIAL USE ONLY

MEMBERSHIP	SECTION I	SECTION II	SECTION III	SECTION IV
COMMENTS:				

General Information

Please indicate if this is an address change.

Please print or type

Applicant Company Name: _____

Principal Office Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Organization Type: Corporation Partnership Sole proprietor

CAI Member Number: _____

(required for member price)

Name of Company President or CEO: _____

Certified Public Accountant(s) who provided an audit to your client(s) within the past year:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name/Title of PCAM® supervisor who is responsible for management service:

I (we) understand that CAI reserves the right to investigate or request supporting material to verify information provided in this application, the affirmation, or other materials related to qualifying for or retaining the AAMC accreditation. Costs for extraordinary investigations will be the responsibility of the applicant. I (we) also understand this recognition requires a similar renewal process every three years.

The applicant, its owners, directors, and staff waive and forever release all claims or causes or action that they may have against CAI, its members, leadership, or chapters for actions or decisions made as they relate to qualifying for or retaining the AAMC accreditation.

The undersigned PCAM supervisor affirms that he or she is responsible for the association management business of the applicant; has full knowledge of the applicant's policies, methods of doing business, and its personnel; and attests that all information on this application and all other forms and documents submitted with this application are true and correct at the time of its completion.

Print Name: _____ Signature: _____

Title: _____ Date: _____

If the supervisor does not have the authority to legally bind the applicant, an officer of applicant having such authority must sign this application in addition to the supervisor.

Print Name: _____ Signature: _____

Title: _____ Date: _____

Non-refundable application fee is due in full with this application.

• Member—\$300 • Non-member—\$400

SECTION I:

Manager Listing

Please provide the requested information for every manager (as defined in the AAMC Standards and Application Guidelines) and those who supervise managers. (Use duplicate form if necessary.)

	List all managers and those who supervise managers	Date of full-time employment
PCAM®, AMS®, and CMCA® designees employed more than two years:		
All managers employed less than two years:		

- A. _____ Total number of qualifying managers (have worked for applicant for at least two years)
- B. _____ Number of qualifying managers with PCAM, AMS, or CMCA
- C. _____ Percentage of B÷A (must equal minimum 50%)

SECTION II:
Affirmation

I do hereby affirm and agree to the following:

- A. My company and every manager comply with the AAMC Standards and Application Guidelines.
- B. My company will continue to support the AAMC program by:
 - 1. Submitting requested information, renewal forms, and fees as requested;
 - 2. Advising CAI of any change in our name or address within thirty days.

I recognize that the failure to comply with any of the criteria of the **AAMC Standards and Application Guidelines** shall result in the **removal of my company's AAMC recognition**.

Printed Name of Principal: _____ Signature: _____
Company Name: _____ Date: _____
Acknowledged before me on this _____ day of _____, _____ .
Notary Signature: _____ Notary Commission Expiration Date: _____

Witness and Affirmation of Oath:

Printed Name of Officer of the Company (other than
Principal, if applicable): _____ Signature: _____
Acknowledged before me on this _____ day of _____, _____ .
Notary Signature: _____ Notary Commission Expiration Date: _____

Printed Name of PCAM Supervisor: _____
Signature: _____
Acknowledged before me on this _____ day of _____, _____ .
Notary Signature: _____ Notary Commission Expiration Date: _____

Each PCAM Supervisor must complete:

Printed Name of PCAM Supervisor: _____
Signature: _____ Branch Office Location: _____
Acknowledged before me on this _____ day of _____, _____ .
Notary Signature: _____ Notary Commission Expiration Date: _____

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SECTION II *continued*:

Printed Name of PCAM Supervisor: _____
Signature: _____ Branch Office Location: _____
Acknowledged before me on this _____ day of _____, _____.
Notary Signature: _____ Notary Commission Expiration Date: _____

Printed Name of PCAM Supervisor: _____
Signature: _____ Branch Office Location: _____
Acknowledged before me on this _____ day of _____, _____.
Notary Signature: _____ Notary Commission Expiration Date: _____

Printed Name of PCAM Supervisor: _____
Signature: _____ Branch Office Location: _____
Acknowledged before me on this _____ day of _____, _____.
Notary Signature: _____ Notary Commission Expiration Date: _____

Printed Name of PCAM Supervisor: _____
Signature: _____ Branch Office Location: _____
Acknowledged before me on this _____ day of _____, _____.
Notary Signature: _____ Notary Commission Expiration Date: _____

Printed Name of PCAM Supervisor: _____
Signature: _____ Branch Office Location: _____
Acknowledged before me on this _____ day of _____, _____.
Notary Signature: _____ Notary Commission Expiration Date: _____

Printed Name of PCAM Supervisor: _____
Signature: _____ Branch Office Location: _____
Acknowledged before me on this _____ day of _____, _____.
Notary Signature: _____ Notary Commission Expiration Date: _____

SECTION III:

Client Verification #1

The applicant whose name appears below is being considered by Community Associations Institute (CAI) for its Accredited Association Management Company (AAMC) accreditation. Among many qualifying criteria is the written verification by three clients unless excepted by paragraph 11 of the guidelines, to each of whom the applicant has been providing satisfactory management services for at least three years. *Please return this Verification form to the applicant.*

(Please print or type)

Applicant Company Information:

Management Company Name: _____

Principal Office Address: _____

City/State/Zip: _____

Name of company employee responsible for your management service: _____

Client Information:

Association Name: _____

Address: _____

City/State/Zip: _____

1. Applicant has satisfactorily provided management services for our association from _____/____/____ (month/year) to _____/____/____ (current date). *This period must exceed three years.*
 2. Those services have included all of the following:
 controls disbursement of funds prepares budget solicits bids
 supervises maintenance attends meetings prepares management report
 3. Applicant provides, at least quarterly, all of the following:
 balance sheet income statement budget comparison
 receivables report statement of disbursements (check register)
 4. Please check one: Homeowners Board of Directors Developer Controlled Board of Directors
- If you have NOT checked all of the boxes in questions 2 & 3 above, please explain: _____
-

I confirm that the information provided above regarding the applicant is correct, to the best of my knowledge. I understand that a member or representative of the AAMC may call me to verify the information contained herein.

Officer Name: _____ Signature: _____

Title: _____ Phone: _____

GIVEN UNDER MY HAND AND SEAL of office on this _____ day of _____, _____

Notary Public, State of: _____

Notary Printed Name: _____

Notary Signature: _____ My Commission Expires: _____

SECTION III:

Client Verification #2

The applicant whose name appears below is being considered by Community Associations Institute (CAI) for its Accredited Association Management Company (AAMC) accreditation. Among many qualifying criteria is the written verification by three clients unless excepted by paragraph 11 of the guidelines, to each of whom the applicant has been providing satisfactory management services for at least three years. *Please return this Verification form to the applicant.*

(Please print or type)

Applicant Company Information:

Management Company Name: _____

Principal Office Address: _____

City/State/Zip: _____

Name of company employee responsible for your management service: _____

Client Information:

Association Name: _____

Address: _____

City/State/Zip: _____

1. Applicant has satisfactorily provided management services for our association from _____/____/____ (month/year) to _____/____/____ (current date). *This period must exceed three years.*
 2. Those services have included all of the following:
 controls disbursement of funds prepares budget solicits bids
 supervises maintenance attends meetings prepares management report
 3. Applicant provides, at least quarterly, all of the following:
 balance sheet income statement budget comparison
 receivables report statement of disbursements (check register)
 4. Please check one: Homeowners Board of Directors Developer Controlled Board of Directors
- If you have NOT checked all of the boxes in questions 2 & 3 above, please explain: _____
-

I confirm that the information provided above regarding the applicant is correct, to the best of my knowledge. I understand that a member or representative of the AAMC may call me to verify the information contained herein.

Officer Name: _____ Signature: _____

Title: _____ Phone: _____

GIVEN UNDER MY HAND AND SEAL of office on this _____ day of _____, _____

Notary Public, State of: _____

Notary Printed Name: _____

Notary Signature: _____ My Commission Expires: _____

SECTION III: Client Verification #3

The applicant whose name appears below is being considered by Community Associations Institute (CAI) for its Accredited Association Management Company (AAMC) accreditation. Among many qualifying criteria is the written verification by three clients unless excepted by paragraph 11 of the guidelines, to each of whom the applicant has been providing satisfactory management services for at least three years. *Please return this Verification form to the applicant.*

(Please print or type)

Applicant Company Information:

Management Company Name: _____

Principal Office Address: _____

City/State/Zip: _____

Name of company employee responsible for your management service: _____

Client Information:

Association Name: _____

Address: _____

City/State/Zip: _____

1. Applicant has satisfactorily provided management services for our association from _____/____/____ (month/year) to _____/____/____ (current date). *This period must exceed three years.*
2. Those services have included all of the following:
 controls disbursement of funds prepares budget solicits bids
 supervises maintenance attends meetings prepares management report
3. Applicant provides, at least quarterly, all of the following:
 balance sheet income statement budget comparison
 receivables report statement of disbursements (check register)
4. Please check one: Homeowners Board of Directors Developer Controlled Board of Directors

If you have NOT checked all of the boxes in questions 2 & 3 above, please explain: _____

I confirm that the information provided above regarding the applicant is correct, to the best of my knowledge. I understand that a member or representative of the AAMC may call me to verify the information contained herein.

Officer Name: _____ Signature: _____

Title: _____ Phone: _____

GIVEN UNDER MY HAND AND SEAL of office on this _____ day of _____, _____

Notary Public, State of: _____

Notary Printed Name: _____

Notary Signature: _____ My Commission Expires: _____

SECTION IV: AAMC Definitions, Standards and Disciplinary Guidelines

I. Definitions

- A. **Applicant:** the company, not person, which is seeking the AAMC accreditation.
- B. **Branch office:** a management office that manages more than one community, has three or more employees, and is located more than 100 miles from the supervisor.
- C. **Client:** a singular term which shall apply to a community association (condominium or homeowner association, cooperative, PUD, PRD, etc.) and its governing board.
- D. **Company:** For the purpose of this application, in order to qualify for the AAMC accreditation, a company must conform to **ALL** of the following criteria:
 - 1. Has provided and continues to provide community association management services as delineated in (8 & 9 below) for at least the three years immediately preceding the submission of this application.
 - 2. Has at least three full-time employees, one of whom is a manager whose primary function is to manage community associations.
 - 3. At least 50% of the applicant's qualifying managers (employed 2 years or more) hold one of the following credentials: PCAM, AMS, or CMCA.
 - 4. Meets or exceeds these standards for all of its client associations:
 - a. Reconciles client's bank and trust accounts monthly, ensuring that no client and applicant funds are co-mingled;
 - b. Has its client boards acknowledge investments and disbursement of reserve funds.
 - 5. Maintains fidelity bond insurance (crime or employee dishonesty) in the name of the company that provides coverage to the company with a minimum coverage of \$100,000 and **has provided a certificate of insurance to CAI delineating these policies and showing CAI as a certificate holder.** In addition, provides at least one of the following (*circle applicable selection(s)*):
 - a. Applicant's fidelity insurance covers applicant's principals (must be indicated on Certificate of Insurance included in this application).
 - b. Client's reserve funds are not in sole control of applicant.
 - c. Each client has fidelity insurance that extends coverage to applicant.
 - d. Applicant has an annual audit conducted by a CPA.
 - 6. Maintains general liability insurance, workers compensation, and other insurance as may be required by statute and **has provided a certificate of insurance to CAI delineating these policies and showing CAI as a certificate holder.**
 - 7. Complies with all federal, state, and local laws.

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SECTION IV *continued*:

8. At least quarterly, provides to each client a financial report containing the following material:
 - a. Balance sheet
 - b. Statement of revenues and expenses (income statement)
 - c. Budget comparison
 - d. Receivables report
 - e. Listing of disbursements
9. Is contracted to provide, directly or indirectly, ALL of the following community association management services to no less than three community associations*:
 - a. Prepare budgets
 - b. Solicit bids
 - c. Attend meetings
 - d. Control disbursement of funds
 - e. Supervise maintenance
 - f. Prepare management reports

* **Exception:** *must be a management company, who otherwise meets all other standards, and manages one large-scale (as defined by CAI, 1,000 built units or larger) community association where the board of directors or executive entity is controlled by the homeowners, and provides a satisfactory client verification.*
10. In the event that the **company** consists of branch offices,
 - a. A different PCAM supervisor directs association operations at each of the company's branch offices.
 - b. All branch offices must conform with these Standards and Guidelines in order for the company to obtain the AAMC accreditation.
 - c. Each branch office that conforms to criteria described under D, 1 through 12 of section IV may receive an AAMC certificate at an additional charge.
 - d. No branch office will receive the AAMC accreditation unless the company qualifies and receives the accreditation.
11. In the event the company is a subsidiary or partner, or is structured as a subordinate entity to another organization or entity, only the company can qualify for the AAMC accreditation.
12. The **supervisor** is an employee of the **applicant**.

E. Designations

1. **AMS:** an Association Management Specialist® designation awarded by Community Associations Institute (CAI).
2. **CMCA:** a Certified Manager of Community Associations® certification awarded by the National Board of Certification for Community Association Managers (NBC-CAM).
3. **PCAM:** A Professional Community Association Manager® designation awarded by Community Associations Institute.

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SECTION IV *continued*:

F. **Manager**

1. **Manager:** a manager who is employed by or contracted to the applicant in a management position who complies with at least one of the following three criteria:
 - a. Performs at least four of the functions for community association client(s) described under (D, 9) of section IV.
 - b. Meets state licensing requirements as a manager, where applicable.
 - c. Oversees other managers.
2. **Qualifying Manager:** a manager who has been employed or a person who has been contracted as a manager by the applicant for more than two years.

G. **PCAM Supervisor:** the PCAM in authority who is responsible for the performance of the **managers** for the **applicant** at a specific location. Should the **supervisor** leave the employ of **applicant**, **applicant** shall advise CAI in writing within thirty days of departure. **Applicant** will replace the **supervisor** within 180 days of the preceding **supervisor's** departure and will advise CAI in writing no later than 30 days following the hiring of the new **supervisor** of the name of the new **supervisor**.

II. **Standards**

- A. The Professional Manager Code of Ethics (the "Code") derives its authority from CAI. CAI's Board of Trustees has established a minimum standard of professional, ethical performance for those individuals who receive recognition or designations from CAI.
- B. All individuals and companies that have received professional management designations or accreditations from CAI are subject to this Code.
- C. All individuals holding a CMCA are subject to the Standard of Professional Conduct (the "Standard") promulgated by NBC-CAM.
- D. The Code and the Standard shall apply in any manager-client relationship where the company receives some form of compensation for professional community association management services offered or provided to the client.
- E. The applicant's supervisor(s) who executes the AAMC Application Affirmation has agreed to abide by the Code and the standards respectively.
- F. **Clarification of the Code**

The attached Code Addendum is provided by CAI to further explain some of the twelve tenets of the Professional Manager Code of Ethics.
- G. **Amendments and Revisions**

The board of trustees may expand application of the Code, and CAI reserves the right to update or amend both the Code and these AAMC Standards and Application Guidelines. Any such revision, update, or amendment shall be promptly promulgated to CAI manager members and, after due notice, will apply to all members subject to the Code.

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SECTION IV *continued*:**III. Disciplinary Action**

After an internal investigation and hearing as provided in CAI's Ethics Enforcement Procedures Policy, an AAMC found to be in violation of the requirements detailed herein shall face a sanction in accordance with the enforcement policies adopted by the CAI Board of Trustees. The extent of such sanction shall be commensurate with the nature, severity, and intent of the violation. In a situation where a firm, principal(s), or supervisory staff is/are involved, sanctions may be imposed on more than one individual or the firm itself.

IV. Waiver

The applicant, its owners, directors, and staff waive and forever release all claims or causes of action that they may have against CAI, its members, leadership or chapters for actions or decisions made as they relate to qualifying or retaining the AAMC accreditation.

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COMMUNITY ASSOCIATIONS INSTITUTE PROFESSIONAL MANAGER CODE OF ETHICS

The Manager Shall:

1. Comply with current standards or practices as may be established from time to time by CAI subject to all federal, state and local laws, ordinances, and regulations in which the Manager practices.
2. Participate in continuing professional education through CAI and other industry related organizations.
3. Act in the best interests of the client; refrain from making inaccurate or misleading representations or statements to a prospective client; not knowingly misrepresent facts to benefit the Manager.
4. Undertake only those engagements that they can reasonably expect to perform with professional competence.
5. Exercise due care and perform planning and supervision as specified in the written management agreement, job description or duly adopted Board policies.
6. Disclose all relationships in writing to the client regarding any actual, potential or perceived conflict of interest between the Manager and other vendors.
7. Provide written disclosure of any compensation, gratuity or other form of remuneration from individuals or companies who act or may act on behalf of the client.
8. Insure that homeowners receive timely notice as required by state statutes or legal documents and protect their right of appeal.
9. Disclose to the client the extent of fidelity or other contractually required insurance carried on behalf of the Manager and/or client and any subsequent changes in coverage, which occur during the Manager's engagement if the amount is lower than the contract amount requires.
10. See that the funds held for the client by the Manager are in separate accounts, are not misappropriated, and are returned to the client at the end of the Manager's engagement; Prepare and furnish to the client accurate and timely financial reports in accordance with the terms of the management agreement, job description or duly adopted Board policies.
11. Recognize the original records, files and books held by the Manager are the property of the client to be returned to the client at the end of the Manager's engagement; maintain the duty of confidentiality to all current and former clients.
12. Refrain from criticizing competitors or their business practices; Act in the best interests of their Employers; Maintain a professional relationship with our peers and industry related professionals.
13. Shall conduct themselves in a professional manner at all times.

Compliance with the Professional Manager Code of Ethics is further amplified in the Code Clarification Document provided by the Community Associations Institute.

The following explanations correspond to the numbered paragraphs in the Professional Manager Code of Ethics:

1. ***Current standards or practices*** are those numbered one through thirteen in the Code. Managers who practice in states with legislative requirements must comply with those laws. Managers shall not discriminate in any relationship, with any individual or firm, based upon race, color, religion, sex, national origin, familial status, or handicap and shall comply with all federal, state and local laws concerning discrimination. Managers shall not engage in any form of price fixing, anti-trust, or anti-competition with other Managers or Vendors.
2. ***Continuing professional education*** requirements are consistent with that Manager's designation. While CAI membership is not mandatory, the Manager must satisfy the designation requirement in order to use said designation. Additionally the Manager has a duty to remain informed on relevant matters affecting the industry.
3. ***Act in the best interests of the client; Not make any inaccurate or misleading representations or statements to a prospective client; Not knowingly misrepresent facts to benefit the Manager;*** the manager has a fiduciary duty/responsibility to the client and should at all times act in the best interests of the client. Managers should avoid exaggeration, misrepresentation, concealment, and knowingly distributing misinformation.
4. ***Undertake only those engagements that they can reasonably expect to perform with professional competence;*** the Manager shall provide accurate information within his area of expertise and refrain from the unauthorized practice of other professions. No manager should provide any service or advice that is outside his or her field of competence which includes dispensing of professional advice that falls under the auspices of other disciplines such as legal representatives, engineers and contractors.
5. ***Exercise due care and exhibit planning and supervision as specified in the written management agreement, job description , or duly adopted Board policies.*** The intent of this statement is for the Manager to make a good faith effort to operate within the framework of the applicable employment/agent relationship and to abide by the terms of said agreement. Any failure of the Manager to fully comply with this requirement, shall not be considered relevant unless the failure is material and/or willful.
6. ***Disclosure of any possible conflict of interest*** is the key here. An example may be of assistance. A Manager (individually or through a company) may have financial interest in a service contractor, supplier, or professional firm that is being considered by that Manager's client. Disclosure must be in writing and sufficiently in advance of the selection process to allow full consideration of the possible conflicts and any alternatives. The fact that the client may still choose the Manager's related entity is not a violation of the Code, provided ample disclosure was given.
7. ***Provide written disclosure to the client any compensation, gratuity or other form of remuneration from individuals or companies who act or may act on behalf of the client.*** Written disclosure shall be made to the client by the Manager, confirming receipt of all commissions, rebates, discounts, payments, or other benefits received in excess of \$200.00 annually by the Manager from any vendor or vendor related client.
8. CAI recognizes that ***insuring that homeowners have timely notice or that their appeal rights are protected*** is limited by the extent that the Manager can influence his or her client. Thus, a Manager who makes reasonable efforts to properly advise the client has complied with this standard, even if the client chooses to reject the Manager's advice.

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9. *Disclose to the client the extent of fidelity or other contractually required insurance carried on behalf of the Manager and/or client and any subsequent changes in coverage, which occur during the Manager's engagement if the amount is lower than the contract amount requires.* This standard does not require the Manager to carry fidelity insurance unless an AAMC company or required by the contract. The change is based upon any decrease in contractually disclosed/required coverage and/or fidelity bond coverage.
10. If the Manager is responsible for *handling funds* for a client, that client must have at least one, independent cash account. This standard does not preclude a Manager from initially depositing payments into a central account with funds promptly distributed to individual client accounts, nor does it prohibit a central disbursement or payroll account that is promptly reimbursed by each client's individual cash account. When a Manager's engagement has ended for a client, all funds must be returned to the client the earlier of:
- the time limit under state statute, or
 - the time limit in the existing management agreement, or
 - within 30 days of the end of the Manager's engagement (see also #12)

The Manager shall prepare and furnish to the client accurate and timely financial reports in accordance with the terms of the management agreement, job description or duly adopted Board policies.

11. *Original records, files, and books* are those items that were given to the Manager at the beginning of his or her engagement or were developed by the Manager and/or the client during the period of the Manager's engagement. This definition may be further expanded by the management agreement. Unless provided in such an agreement or otherwise, the Manager has no obligation to provide the client with client-related computerized data unless the client owns the computer and software and such data can be separated from that data and software which are proprietary to the Manager. For example, if the Manager is a company that maintains homeowner information on its central computer, the Manager shall provide a printout of the homeowner information for the client, but need not provide that data via disk or tape. Those items that the Manager brought to and used during the engagement, such as operation or procedure manuals, remain the property of the Manager.

While the Manager must turn over all records, files, and books, he or she may retain photocopies of those key materials that might be necessary for the Manager in dealing with post-engagement client-related matters. Return of these items should be consistent with the schedule outlined in #10 above. The Manager shall maintain a *duty of confidentiality to all current and former clients*, commencing the effective start date of the relationship and continuing through infinity.

12. *Refrain from criticizing competitors or their business practices; Act in the best interests of their Employers; Maintain a professional relationship with our peers and industry related professionals.*
13. *Shall conduct themselves in a professional manner at all times.* Self-explanatory.

D. *Future*

The Board of Trustees may expand application of this Code, and CAI reserves the right to update, or amend both the Professional Manager Code of Ethics and the Code Clarification Document. Any such revision, updating or amendment shall be promptly promulgated to CAI Manager members and, after due notice, will apply to all members subject to the Code.

E. *Disciplinary Action*

After an internal investigation and hearing as provided in CAI's Ethics Enforcement Procedures Policy, a Manager found to be in violation of this Code shall face a sanction in accordance with the enforcement policies adopted by the CAI Board of Trustees. The extent of such sanction shall be commensurate with the nature, severity, and intent of the violation. In a situation where a firm, principal(s) or supervisory staff are involved, sanctions may be imposed on more than one individual or the firm itself.

Please answer the following questions.

Have you or the company ever been involved in reorganization for the benefit of creditors or in bankruptcy as a debtor? *If yes, attach a detailed explanation.* Yes No

Have you or the company ever been convicted of fraud, misrepresentation, misappropriation of funds or property? *If yes, attach a detailed explanation.* Yes No

Have you or the company ever been disciplined by any professional organization? *If yes, attach a detailed explanation.* Yes No

Signature

By signing below, I (we) agree to abide by the CAI Professional Manager Code of Ethics and to be subject to disciplinary action as adopted by the Board of Trustees. All of the information provided by me is complete and correct to the best of my knowledge and belief. If I made or at any time make statements with knowledge of its falsity, I (we) understand that it shall be cause for denial or revocation of the AAMC accreditation.

PRINTED NAME

SIGNATURE

FIRM NAME (IF EMPLOYED BY A FIRM OR ARE A PRINCIPAL OR SUPERVISORY STAFF MEMBER OF THE FIRM)

PRINTED NAME AND SIGNATURE OF AN OFFICER OF THAT FIRM, IF APPLICABLE

Acknowledged before me on this _____ day of _____, _____

NOTARY SIGNATURE

NOTARY COMMISSION EXPIRATION DATE

Payment Information

AAMC Application Fee: Member \$300 Non-member \$400

Enclosed is check # _____ payable to CAI.

Please charge my credit card: Visa MasterCard AmEx Discover

Credit Card Number _____ Exp. Date _____

Cardholder Name _____

Signature _____

The non-refundable application fee is due in full with this application. Please do not combine this payment with any other fees or amounts.

Helpful hints for completing this form:

- Be as accurate as possible with regard to dates.
- Please type or print legibly.
- Be careful not to duplicate information.
- Use extra sheets if necessary.
- Attach appropriate documents where indicated.
- Make sure areas needed for Notary are complete.
- Attach three Client Verification forms.
- Attach insurance documentation.

Please send completed application and fee to:

Community Associations Institute
Designations Department
225 Reinekers Lane, Suite 300, Alexandria, VA 22314
Phone: (888) 224-4321 Fax: (703) 684-1581
Web site: www.caionline.org

