

# CAI Homeowner Leader Membership Application

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



## STEP 1: Primary Contact.

This contact has sole authority to make changes to the membership.

DATE \_\_\_\_\_

In some instances both this contact and the billing contact may be the same.

This primary contact should receive member benefits as one of the paid board memberships.  Yes  No

If yes, there is no need to enter the individual's contact information again in the *Sign Up Your Board Members* section on page 2.

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

BOARD POSITION (IF APPLICABLE) \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

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

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

EMAIL\* \_\_\_\_\_

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

*\*One unique email address required per board member.*

Privacy Option (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.

## STEP 2: Calculate Your Member Dues

INDIVIDUAL BOARD MEMBER, HOMEOWNER, OR PUBLIC OFFICIAL	2 MEMBER BOARDS	3-15 MEMBER BOARDS
Membership Fee	\$110	\$200
+Advocacy Support Fee	\$15	\$30
<b>Total Membership Dues</b>	<b>\$125</b>	<b>\$295</b>

Every dollar of the mandatory 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. We recommend a \$10 donation from an individual board member or \$15 from a board of 2 or more members.

\$39 of annual membership dues is for your non-refundable subscription to *Common Ground*.™

For more than 15 board members, call (888) 224-4321 (M-F, 9-6:30 ET).

## STEP 3: Membership Payment—U.S. Dollars Only

Total Member Dues \_\_\_\_\_

Foundation Donation (optional)

Suggested donation level for 1 board member—\$10  
or board of 2 or more—\$15

**TOTAL PAYMENT:** \$ \_\_\_\_\_

*Membership dues are non-refundable.*

Check enclosed (made payable to CAI)  Visa  MasterCard  American Express  Discover

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

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

CARD NO. \_\_\_\_\_ EXP DATE \_\_\_\_\_

Once completed, submit your application and payment.

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

**EMAIL:** [payments@caionline.org](mailto:payments@caionline.org) (credit cards only)

**MAIL:** CAI, P.O. Box 34793, Alexandria, VA 22334-0793

**ONLINE:** [www.caionline.org/join](http://www.caionline.org/join) (credit cards or electronic check only)—start enjoying your benefits today!

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

## STEP 4: Billing Contact

(The billing contact will receive membership renewal notices and does not have to be part of the paid membership.)

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

BOARD POSITION (IF APPLICABLE) \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

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

EMAIL\* \_\_\_\_\_

*\*One unique email address required per board member.*

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## STEP 5: 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 JOINING 2 OR MORE PEOPLE, PLEASE CONTINUE ON PAGE 2)

**IMPORTANT TAX INFORMATION:** Under the provisions of section 1070(a) of the Revenue Act passed by Congress in 12/87, please note that 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 17%. Visit [www.caionline.org/advocacydisclosure](http://www.caionline.org/advocacydisclosure) for state exceptions that may apply to you. For specific guidelines concerning your particular tax situation, consult a tax professional. CAI's Federal ID number is 23-7392984.

*Membership rates are guaranteed through December 31, 2020*

# Membership application for \_\_\_\_\_

ASSOCIATION NAME

**BOARD MEMBERSHIP** Complete the following sections ONLY if you are joining 2 or more people.

## Association Information

NAME OF ASSOCIATION (SPELL OUT COMPLETELY) \_\_\_\_\_  
\_\_\_\_\_ ACRONYM \_\_\_\_\_

ASSOCIATION ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

ASSOCIATION PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ASSOCIATION EMAIL \_\_\_\_\_ ASSOCIATION WEBSITE \_\_\_\_\_

What month is your board election held? \_\_\_\_\_

**Sign Up Your Board Members.** Please provide the contact information for the members of your board you are signing up for membership.

**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. **One unique email address is required per board member.**

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

BOARD POSITION \_\_\_\_\_  BUSINESS OR  HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

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

UNIQUE EMAIL REQUIRED \_\_\_\_\_

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CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

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

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CITY \_\_\_\_\_

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

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