

# Association Management Specialist<sup>®</sup> (AMS<sup>®</sup>) Reinstatement Application

In order to maintain the Association Management Specialist (AMS) designation the designee is required to redesignate every three (3) years by providing proof of continuing education and submitting an annual maintenance fee. If your designation has been allowed to expire for either nonpayment or lack of continuing education, the following qualifications must be fulfilled for reinstatement.

This application is only to be used by those who are seeking reinstatement and have met the following criteria:

- The candidate's status must have expired within the past five (5) years.
- A non-refundable reinstatement fee must accompany the application.
- The candidate must have continued to comply with the Professional Manager Code of Ethics.
- The candidates will be required to complete the AMS Redesignation (continuing education) process in one (1) year.

Once a reinstatement is approved and processed, the designee will have a period of one-year to provide proof of continuing education through the AMS Redesignation process (in August).

## Application Instructions

- Fill in this application with Adobe Acrobat Reader or print clearly in ink. To work in Reader: save the file on your computer's desktop, complete the form, and save again using your last name in the filename (e.g., PCAM\_Jones.pdf) before printing.
- Submit completed application with non-refundable application fee to the CAI headquarters office, 6402 Arlington Blvd., Suite 500, Falls Church, VA 22042, fax to (240) 524-2424, or e-mail to [payments@caionline.org](mailto:payments@caionline.org).

Fees: \$155 for individual manager members of CAI and \$399 for non-members

*CAI reserves the right to modify the AMS fees and criteria as stated above.*

# General Information

If you are paying by credit card, please complete this form and then submit the application by e-mail. If you are paying with a check, please complete this form on a computer, print and then sign. Mail the printed and signed application with your payment to the address shown on page 1.

## Candidate Information

▼ CAI MEMBER NUMBER

▼ FIRST NAME AND MIDDLE INITIAL

▼ LAST NAME AND SUFFIX

▼ HOME ADDRESS

▼ CITY

▼ STATE

▼ ZIP

▼ CURRENT TITLE

▼ FIRM/ASSOCIATION

▼ BUSINESS ADDRESS

▼ CITY

▼ STATE

▼ ZIP

▼ PREFERRED E-MAIL ADDRESS

▼ HOME PHONE

▼ MOBILE PHONE

▼ BUSINESS PHONE

## Payment Information

MEMBER \$155 (INDIVIDUAL MANAGER MEMBERSHIP REQUIRED FOR MEMBER APPLICATION RATE)

CAI MEMBERSHIP + REINSTATEMENT FEE \$299      NON-MEMBER \$399

CHECK ENCLOSED (PAYABLE TO CAI)      VISA      MASTERCARD      AMEX      DISCOVER

▼ CARD NUMBER

▼ EXP. DATE

▼ NAME ON CARD

▼ BILLING ADDRESS

▼ CITY

▼ STATE

▼ ZIP

▼ SIGNATURE

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# Reinstatement Survey

**Please answer the following questions.**

Does your employer recognize the AMS designation with higher pay rates?

YES  NO

How long have you been working in the field?

0-3 YEARS  4-6 YEARS  7-10 YEARS  10 PLUS YEARS

What is the reason for losing your AMS designation?

DID NOT PAY ANNUAL FEES  DID NOT COMPLETE THE REDESIGNATION PROCESS  DID NOT REMEMBER

Date AMS designation received \_\_\_\_\_

Date AMS designation expired \_\_\_\_\_

AMS designation certificate number \_\_\_\_\_

## Signature

I certify that the facts presented herewith are correct to the best of my knowledge and that I have continued to uphold the CAI Professional Manager Code of Ethics.

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PRINTED NAME

SIGNATURE



6402 Arlington Blvd., Suite 500  
Falls Church, VA 22042  
[www.caionline.org](http://www.caionline.org)  
(888) 224-4321