

CAI Homeowner Leader Member Application

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



OR skip the form, join online and start receiving your benefits today! »

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. ☐ MX. ☐ 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 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	2-15 MEMBER BOARDS
Membership Fee	\$125
+ Advocacy Support Fee	\$15
Total Membership Dues	\$140
	\$280
	\$45
	\$325

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*.™

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. If applicable in your state, sales tax will be added to membership dues.

☐ 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. **Note: credit card payments may not be submitted by mail.**

PHONE: (888) 224-4321 (credit cards only) **EMAIL:** payments@caionline.org (credit cards only) **MAIL:** CAI, P.O. Box 748562, Atlanta, GA 30374-8562 (checks only)

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

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. ☐ MX. ☐ 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.*

Privacy Option (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.

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. 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 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, 2025

Membership application for _____

ASSOCIATION NAME

PAGE 2 OF 2

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. ☐ MX. ☐ 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 _____

Privacy Option (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.

☐ MR. ☐ MRS. ☐ MS. ☐ MX. ☐ 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 _____

Privacy Option (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.

☐ MR. ☐ MRS. ☐ MS. ☐ MX. ☐ 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 _____

Privacy Option (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.

☐ MR. ☐ MRS. ☐ MS. ☐ MX. ☐ 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 _____

Privacy Option (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.

☐ MR. ☐ MRS. ☐ MS. ☐ MX. ☐ 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 _____

Privacy Option (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.

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