CAI Manager Membership 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! >>

OR skip the form, join online and start receiving your benefits today! >> STEP 1: Membership Contact Information Membership materials will be sent to this address

O MR. O MRS. O MS. O MX. O DR. FIRST NAME			LAST NAME		SUFFIX
TITLE					BUSINESS ACRONYM
BUSINESS/ORGANIZATION (SPELL OUT COMPLET	ELY)				
O BUSINESS OR O HOME ADDRESS					
CITY					
STATE/PROVINCE			POSTAL CODE		COUNTRY
BUSINESS PHONE			DIRECT PHONE		
MOBILE PHONE			HOME PHONE		
BUSINESS FAX			UNIQUE EMAIL ADDRESS		
BUSINESS WEBSITE					
Did someone recommend that you join CAI?	Please give na	me and organization. _.			
Privacy Option (visit www.caionline.org/about/privacy			de organizations for promotic	onal purposes.	
○ I do not wish my name and/or address inf	ormation to be	provided to any outsic	ic organizations for promotic		
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STEP 5: Submit your application and payment. Note: credit card payments may not be submitted by mail.

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

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

MAIL: CAI, P.O. Box 748562, Atlanta, GA 30374-8562 (checks only)

EMAIL: payments@caionline.org (credit cards only)