

Public Official 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 _____

MR. MRS. MS. DR. LEGAL FIRST NAME _____ LAST NAME _____ SUFFIX _____

NICKNAME _____ ADDRESS _____

CITY/STATE _____ ZIP+4/POSTAL CODE _____ COUNTRY _____

ORGANIZATION NAME _____

WORK PHONE _____ CELL PHONE _____

FAX _____ EMAIL _____

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

Privacy Options (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.

I do not wish to receive information about CAI events, publications, services or other marketing information: via fax via email

STEP 2: Membership Payment—U.S. Dollars Only

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.

Membership Fee \$ 99

Foundation Donation (optional)

Suggested donation level—\$10 \$ _____

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 _____ ZIP+4/POSTAL CODE _____ COUNTRY _____

CARD NO. _____ EXP DATE _____

Once completed, submit your application and payment.

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

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

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

STEP 3: 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 _____