



Dear Potential Member,

Thank you for your inquiry about membership with the California Association of Collectors, Inc. (CAC) and ACA International. For your convenience below is a check list of items that we will need in order to start processing membership for your company:

Membership application. Complete and sign the membership application and agreement where indicated. The person who signs the application must be a controlling principal with the authority to bind the applicant to the terms and conditions of this Company Member Application and ACA International Addendum.

- Copy of your business license
- Copy of your formation document (filed articles for corporations or LLC's or LP-I for limited partnerships)
- ACA Addendum completed and signed
- Return the application, supporting documentation and payment for the total amount to:

MEMBERSHIP DEPARTMENT

California Association of Collectors, Inc.
One Capitol Mall, Suite 800
Sacramento, CA 95814
Phone: (916) 929-2125
Fax: (916) 444-7462
E-mail: ewise@amgroup.us

Membership is required in both CAC and ACA International. The information you provide in this application will be used by the CAC staff and/or volunteers in official leadership capacities, as well as by ACA International, to determine your company's eligibility for membership and to provide you with benefits and services. If you have any questions, or need assistance, please call the CAC's Membership Department at (916) 929-2125.

Sincerely,

A handwritten signature in black ink that reads "Kelly Parsons-O'Brien". The signature is written in a cursive style with a large, looped "O" in "O'Brien".

Kelly Parsons-O'Brien
President

One Capitol Mall, Suite 800 • Sacramento, CA 95814 • P (916) 929-2125 • F (916) 444-7462

ewise@amgroup.us • www.calcollectors.net



MEMBERSHIP APPLICATION

Please Type or Print Legibly

Date: Business License #: Expiration Date:

Employer Identification Number (EIN)/Federal Tax ID:

The name under which applicant is incorporated or organized

Legal Name:

DBA Name:

Physical Address:

City: State: Zip Code:

County: Website:

Phone Number: Fax Number:

Phone Number to be Published/Listed on CAC Website:

Mailing Address (If different than above):

Address:

City: State: Zip Code:

Main Contact (Required) This designated representative of the company will receive all member correspondence, including mail, e-mail, etc.

Name:

Title:

Direct Phone: Direct Fax:

Direct E-mail:

Additional E-mails:

Please Check: Limited Liability Corporation (LLC) Limited Partnership (LP) General Partnership (GP) Sole Proprietor Corporation Limited Liability Partnership (LLP) Other:

Please list owners, officers, partners or members; list everyone who holds an interest of 10 percent or more in the applicant company and the percentage they hold. Please ensure that at least 90 percent of ownership is identified. If the owner is another company, list the company name and percentage of ownership held.

Name: Title: % of stock held:

Name: Title: % of stock held:

Number of "Full-Time-Equivalent Employees" working for the applicant at this location:

An accurate number of full-time equivalent (FTE) employees working at this applicant/member location is required since dues are based on agency/company size. Employees include all owners, officers, managers, collectors, support and other staff. A large, diversified corporation or firm with divisions completely unrelated to collections and that do not support the collection operation in any way may exclude the employees in those divisions. "Full-time equivalent" means the total number of full-time employees plus the full-time equivalent of the part-time employees.

Type of company:

Commercial: _____ % Medical: _____ % Retail: _____ %
 Debt Buyer: _____ % Student Loans: _____ % Law Office: _____ %
 Government Debt: _____ % Professional: _____ % Subrogation: _____ %
 Other: _____ % (Please describe) _____

In accordance with Article II, section 6 of the Bylaws of the California Association of Collectors, Inc. (CAC), the dues of all members of the Association are payable annually, in advance, by the first day of the new membership year. Full payment for one year is due upon application to CAC. Dues for the following year will be prorated according to Article II, Section 6 of CAC's bylaws.

Basis for Computation of Dues: An accurate number of full-time equivalent (FTE) employees working at this applicant/member location is required since dues are based on agency/company size. Employees include all owners, officers, managers, collectors, support and other staff. A large, diversified corporation or firm with divisions completely unrelated to collections and that do not support the collection operation in any way may exclude the employees in those divisions. "Full-time equivalent" means the total number of full-time employees plus the full-time equivalent of the part-time employees.

Your investment in the future of the collection industry covers membership in both CAC and ACA. The former retains no monies due the latter. Membership in each organization is required. Included in your CAC dues is \$30 for an annual subscription to the *Collector's Ink* bi-monthly magazine.

Contributions or gifts to ACA and CAC are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of the Association's lobbying activities. ACA Inc. estimates that the non-deductible portion of your ACA dues – the portion which is allocable to lobbying – is 30 percent. CAC estimates the non-deductible portion to be 28 percent. Contributions or gifts to CAC's L&L Fund are not tax deductible as charitable contributions for income tax purposes. CAC estimates the non-deductible portion of L&L contributions to be 10 percent. Contributions or gifts to CACESF are 100 percent tax deductible as charitable contribution (Tax ID 56-2521491).

By signing below I certify on behalf of the applicant, myself and all individuals identified in this application, that:

1. The dues payment submitted with this application accurately reflects the number of "full-time equivalent employees" working for the applicant at this office location.
2. All statements and information provided in this application are true. I have verified the accuracy of the statements and information with each individual referenced in this application.
3. I have the authority to sign this application and bind the applicant to its terms and conditions.
4. I certify that we are actively engaged in collection industry and/or related legal matters, have complied with the laws of the state of California to operate a collection agency and/or licensed by the California State Bar, and we agree to comply with all provisions of the Association's Bylaws and Code of Ethics, and to further its interests. Our payment for the first year's dues is enclosed as per the schedule, along with a copy of our business license and statement of ownership.
5. I understand that by providing my fax number and email address and signing this Company Membership Application, I consent to receive faxes and emails sent by or on behalf of CAC and its subsidiaries and affiliates.

COMPANY NAME: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____

Type of Membership Desired: ACTIVE LIMITED (receives no listing in the ACA Directory)

Referred by: _____



Return your application, supporting documentation and payment for total amount to: MEMBERSHIP DEPARTMENT

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 Sacramento, CA 95814
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California Association of Collectors, Inc. ACA International



ACA Dues – January 1 thru December 31*		
ACA International Dues (based on business size: 1-24 people=\$600, 25-99=\$1,700, 100+=\$3,500)		\$
Plus: Industry Advancement Fund (1-24 people=\$200, 25-99=\$450, 100+=\$900)		\$
SUBTOTAL ACA INVESTMENT (maximum \$4,400)		\$

CAC Dues – January 1 thru December 31*		
Base fee (includes one owner, partner or officer)	1 x \$640	\$640
For all other owners, partners, officers, employees, and attorneys working in the agency: # FT Employees = _____ x \$87		\$
SUBTOTAL CAC INVESTMENT (maximum \$3,500)		\$

*Apply at any time and pay full annual dues. If a prorated credit applies, it will be reflected on your next year's renewal statement.

TOTAL ACA AND CAC INVESTMENT	\$
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CAC VOLUNTARY CONTRIBUTIONS		
CAC Political Action Committee (PAC) voluntary contribution (contributions of all levels are encouraged)		
\$1,500 – PAC Founder Level	\$1,500	\$
\$500 – Benefactor Level	\$500	\$
per month (\$25 to \$1,000 you decide)	\$ _____ per month	\$
CAC Legal & Legislative Fund voluntary contribution (suggested amount: CAC Dues x 20%)		\$
CAC Educational Scholarship Foundation (CACESF) voluntary contribution (suggested amount: CAC Dues x 20%)		\$

CALCOLLECTORS.NET	
Included in your membership is a complimentary listing indicating the actual region of your office location and one specialty, which are searchable on the CAC website. Choose your specialty below:	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Student Loans
<input type="checkbox"/> Debt Buyer	<input type="checkbox"/> Government Debt
<input type="checkbox"/> General	<input type="checkbox"/> Professional
<input type="checkbox"/> Medical	<input type="checkbox"/> Subrogation
<input type="checkbox"/> Retail	<input type="checkbox"/> Law Office

TOTAL:	\$
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Does your company have any attorneys on staff? Please list below so they may receive a Member Attorney Program (MAP) participation form, cost included in your dues. We want to offer them MCLE credit hours and participation in the quarterly MAP Forum discussion.

Attorney Name: _____ Attorney Name: _____

Return your application, supporting documentation and payment for the total amount to:
California Association of Collectors, Inc. • One Capitol Mall, Ste. 800 • Sacramento, CA • 95814 • Fax Number: (916) 444-7462

Check Enclosed (make payable to California Association of Collectors, Inc.) AMEX Visa Mastercard

Card Number: _____ Exp. Date: _____ Security Code: _____

Card Holder's Name: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I understand that by providing my fax number or email address and signing this application, I consent to receive faxes or emails sent by or on behalf of CAC and its subsidiaries and affiliates. **Note:** Application shall be filed with the CAC office and shall be accompanied by payment of dues for a full calendar year in CAC and ACA.

ACA International Addendum

In addition to your California application data, the following information is required of all company member applicants by ACA International, the Association of Credit and Collection Professionals.

Ethics Contact. The on-site person applicant designates to receive, handle and respond to complaints (if any). This name will be included in your company's online member directory listing with ACA.

Print Name: _____

Title: _____

Ethics contact phone: _____ Ethics contact e-mail: _____

Disclosure Statement. Have any of the owners or officers listed on membership application been convicted of a crime or found liable in a civil action for actions or inactions that relate to credit or collection industry practices or procedures, including but not limited to: crimes related to the misuse of funds, client trust accounts, fraud, forgery, embezzlement, tax evasion, identity theft, or other theft or larceny within the past 10 years?

_____ No _____ Yes - Please state the name of the individual, the date, the nature of the proceeding and outcome:

By signing below I acknowledge and agree:

1. The company is bound by and shall support the purposes of ACA's governing documents, including the association's bylaws, standard operating procedures, and the codes, procedures and rules governing member conduct which may be found at www.acainternational.org/governance and which may be amended from time to time. The company is additionally bound by applicable unit bylaws.
2. Membership is not transferable. Membership dues are not refundable except when ACA determines an applicant is ineligible for membership or if an application is denied.
3. ACA International must be notified if any of the information provided in this application or its addendum changes after it is submitted. If any of the information provided is or becomes obsolete or inaccurate, membership may be delayed, the application may be rejected or membership in ACA International may be terminated.

By signing below I further confirm:

4. The company has satisfied or is in the process of satisfying all applicable licensing and regulatory requirements as they relate to applicant's business, whether or not ACA has requested supporting documentation.
5. The company shall use the Association name and member logo only in full compliance with Association policies, and to cease use if membership ends or is terminated for any reason.
6. Neither I nor anyone within the company's employ will directly or indirectly assist any nonmember in gaining access to ACA exclusive member benefits and privileges or share with them in any form, any information originating from ACA, including ACA Online. I acknowledge the importance of this provision to fellow ACA members, and for the advancement of, and avoidance of prejudice to, the industry's collective interests. I acknowledge that members-only content is confidential and proprietary to ACA International, the wrongful dissemination of which may cause irreparable harm to the Association and to its members.
7. I attest:
 - A. This company is not a law firm. – OR –
 - B. This company is a law firm. No attorney at this firm currently initiates, threatens or maintains consumer-protection related actions against members of ACA International. – OR –
 - C. This company is a law firm. There are individuals (including attorneys, administrative legal and non-legal professional staff) employed at this firm who may threaten, initiate or maintain consumer-protection related actions against members of ACA International. I do not supervise, manage, oversee the work of, or otherwise provide assistance to any legal professionals who threaten, initiate or maintain consumer-protection related actions against members of ACA International. I will not directly or indirectly assist such attorneys or professionals, nor any other individuals providing assistance to them, in gaining access to ACA exclusive member benefits and privileges, or share with them any information originating from ACA.
8. I have verified all statements and information provided in this application are true and accurate, including the number of people (as defined in the Business/Industry section of this application) reported working for the applicant at this office location.
9. I have the authority to bind the Company to the terms and conditions of this membership agreement.

Signature of an owner, officer or partner: _____ **Title:** _____

Print name: _____ Company name: _____ Date: _____