



ANNUAL MEMBERSHIP STATEMENT

(Please Type or Print Legibly)

ACA #: _____

Main Contact (Required): _____

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

County: _____ Website: _____

Federal Tax ID (Required): _____

Physical Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number to be listed on CAC Website: _____

Main Contact Phone: _____ Fax: _____

Direct E-mail: _____

Additional E-mails: _____

Ethics Contact (Required): _____

Direct Phone Number: _____

E-mail Address: _____

Address change since May 2008? [] Yes [] No

Ownership change since May 2008? [] Yes [] No

If Yes, Please Check: [] Limited Liability Company (LLC)

[] Limited Partnership (LP) [] General Partnership (GP)

[] Sole Proprietor [] Corporation:

[] Limited Liability Partnership (LLP) [] Other:

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

Name: _____ Title: _____ % of stock held: _____

Name: _____ Title: _____ % of stock held: _____

Name: _____ Title: _____ % of stock held: _____

TERMS AND CONDITIONS

Renewals received after May 31, 2009 will have late fees assessed and will be invoiced.

AFFIRMATION STATEMENT

I (we) reaffirm our obligation to abide by the ACA International Code of Ethics and Code of Operations, Bylaws and Standard Operating Procedures, and acknowledge our responsibility to notify the Association of any change in ownership. For the office/location holding membership, I certify that the number of full-time-equivalent personnel reported is a fair and accurate representation of the owners, managers, collectors, support and other staff working there. I have verified that the Federal Tax ID provided is correct.

DEDUCTION STATEMENT

ACA International and CAC dues and fees are not tax deductible as a charitable contribution for federal income tax purposes. However, they may be partially deductible as a business expense. ACA International estimates that 25 percent of your dues are not deductible because of the Association's lobbying activities on behalf of its members. CAC estimates its nondeductible portion to be 30.2953 percent. Contributions or gifts to CAC's L&L Fund are not tax deductible as charitable contributions for income tax purposes. CAC estimates the nondeductible portion of L&L contributions to be 10 percent. Contributions to CAC's PAC Fund are not tax deductible as charitable contributions for income tax purposes.

ACPAC SOLICITATIONS (OPTIONAL)

Authorization is hereby given to the American Collectors Political Action Committee (ACPAC) to solicit voluntary contributions from my company's executive personnel and me for the years indicated below. Authorization can be given to only one federal level PAC affiliated with a trade association per calendar year. Signing this form does not obligate any of my company's executive personnel or me to contribute to ACPAC; it means only that we are willing to receive ACPAC materials. These authorizations expire on December 31 of each year indicated.

2009 Signature: _____

2010 Signature: _____

SIGNATURE REQUIRED

By signing this form, signatory agrees to the terms and conditions stated herein and has read and understands the information regarding the non-deductible portion of the dues.

Signature: _____ Date: _____

Payments

If paying by check, make payable to the California Association of Collectors and mail your dues check for CAC and ACA with your completed dues form to:

CAC DUES

c/o West America Bank
2893 Sunrise Blvd. #106
Rancho Cordova, CA 95742

If paying by credit card, please fax your completed dues form with your credit card information to:

CAC at (916) 929-7682
or e-mail to: cac@calcollectors.net

Dates you need to know

- May 31st - Membership dues must be postmarked by May 31st.
June 2nd - Membership suspension notices sent out. This means you must cease using the CAC and ACA logos or any representation of your affiliation with these organizations. You will also lose your right to participate in CAC's and ACA's insurance programs. Dues are now late - \$50 CAC late fee applied - Membership will not be renewed without it.
June 30th - Last day to pay dues (and late fees) to avoid membership termination.
July 1st - Your membership is now terminated. In order to regain your membership, you will need to pay full dues and any reinstatement fees: CAC - \$100, ACA - \$50



**California Association of Collectors, Inc.
ACA International**



2009-2010 ANNUAL MEMBERSHIP STATEMENT

ACA International Dues – January 1, 2009 thru December 31, 2009 (7 months)		
Base fee (includes one owner, partner or officer)	1 x \$175	\$175
For all other owners, partners, officers and employees working in the agency	_____ x \$14.58	\$
SUBTOTAL ACA INVESTMENT (maximum \$1,458.33)		\$

CAC Dues – June 1, 2009 thru May 31, 2010 (12 months)		
Base fee (includes one owner, partner or officer)	1 x \$275	\$275
For all other owners, partners, officers and employees working in the agency	_____ x \$40	\$
SUBTOTAL CAC INVESTMENT (maximum \$1,500)		\$

OR for multiple offices solely in the state of California:
For all other owners, partners, officers, and employees (full and part-time) working in all offices, refer to the chart on the last page, complete the requested information, then enter the amount that corresponds to the total number of employees in all offices.

\$

TOTAL ACA & CAC INVESTMENT (maximum \$2,958.33)		\$
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CAC Region Dues — Enter Region _____ (supports local Region programs)	\$60
CAC Political Action Committee (PAC)*	\$75
CAC Legal & Legislative Fund (suggested amount: CAC Dues x 20%)	\$
CAC Educational Scholarship Foundation (CACESF) voluntary contribution - tax deductible	\$

*Contributions or gifts to CAC PAC are voluntary and are not deductible as charitable contributions for federal income tax purposes.

WWW.CALCOLLECTORS.NET	
Now is the time to take full advantage and gain greater exposure on the CAC website. Link your company's website to CAC's site for an annual fee of \$25, invoiced yearly at the month of initial request. <input type="checkbox"/> Yes! Sign me up Company Website: _____	\$25
You may list additional regions and specialties for a total fee of \$200, invoiced yearly at the month of initial request. <input type="checkbox"/> Yes! Sign me up for additional regions and specialties Check additional regions: <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5 Check additional specialties: <input type="checkbox"/> General <input type="checkbox"/> Commercial <input type="checkbox"/> Debt Buyer <input type="checkbox"/> Government Debt <input type="checkbox"/> Medical <input type="checkbox"/> Professional <input type="checkbox"/> Student Loans <input type="checkbox"/> Subrogation <input type="checkbox"/> Retail	\$200

GRAND TOTAL:		\$
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Please select payment option

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

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

Card Holder's Name: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Payment by credit card is your authorization for an additional 3% to be added to your payment of the "grand total" charged to the credit card.

Submit payment, application and supporting documents to: CAC DUES c/o West America Bank • 2893 Sunrise Blvd. #106 • Rancho Cordova, CA 95742. If paying by credit card, please fax your completed dues form with your credit card information to: CAC at (916) 929-7682 or e-mail to: cac@calcollectors.net



2009-2010 ANNUAL MEMBERSHIP STATEMENT

EMPLOYEE DUES CALCULATION FOR BUSINESS ENTERPRISE MEMBERSHIP

Total employees in all office locations	Dues amount for employees
1-10	\$500
11-20	\$1,000
21-30	\$1,500
31-40	\$1,600
41-50	\$2,000
51-60	\$2,500
61-75	\$2,250
76-100	\$2,500
101-150	\$3,750
151-200	\$4,000
201+	\$4,500

BUSINESS ENTERPRISE MEMBERSHIP INFORMATION

Agency Name	Contact Person	Address	Phone	Fax	# of employees