



California Association of Collectors, Inc.

ANNUAL MEMBERSHIP STATEMENT

(Please Type or Print Legibly)

ACA#: _____ Fed. Tax ID (Required): _____

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

County: _____

Physical Address (if different from above):

City: _____ State: _____ Zip: _____

Website: _____

Phone Number to be listed on CAC Website: _____

Main Contact (Required): _____

Main Contact Phone: _____ Fax: _____

Direct E-mail: _____

Additional E-mails: _____

Address change since May 2009? Yes No

Ownership change since May 2009? 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 agency 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: _____

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: _____

TERMS AND CONDITIONS

Renewals received after May 31, 2010 will have late fees assessed and will be invoiced.

AFFIRMATION STATEMENT

I (we) reaffirm our obligation to abide by the CAC and 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

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. CAC estimates its nondeductible portion to be 34 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.

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 logo or any representation of your affiliation with CAC. You will also lose your right to participate in CAC'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 a reinstatement fee of \$100.



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2010-2011 ANNUAL MEMBERSHIP STATEMENT

AGENCY NAME: _____

CAC Dues – June 1, 2010 thru May 31, 2011		
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 back side of this page, complete the requested information, then enter the amount that corresponds to the total number of employees in all offices.		\$

CAC Region Dues — Enter Region _____ (supports local Region programs)	\$60
CAC Political Action Committee (PAC)*	\$75
CAC Legal & Legislative Fund (suggested amount: \$50)	\$
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: _____	\$

GRAND TOTAL:	\$
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Thank you for your continued support of CAC!

PAYMENTS

If paying by check, make payable to the California Association of Collectors and mail your dues check for CAC 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: membership@calcollectors.net

Any questions or need assistance?
 Call Andrea at CAC – (916) 929-2125

PLEASE SELECT PAYMENT OPTION

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

Card Number: _____ Exp. Date: _____ Security Code: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Card Holder's Name: _____ Signature: _____

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.



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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