



California Association of Collectors, Inc.

Dear Potential Member,

Thank you for your inquiry for membership into the California Association of Collectors, Inc. and ACA International. For your convenience below is a check list of items that we will need in order to start processing your membership in a timely manner:

- Completed membership application. Sign the member 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 Agency Member Application and Agreement.
- Copy of your business license
- Copy of your incorporation papers
- Letterhead statement (*The letter should state that you are operating in California as a third party collection agency and date established*)
- ACA Addendum
- Return application and supporting documentation to:

MEMBERSHIP DEPARTMENT

California Association of Collectors, Inc.
P.O. Box 254490
Sacramento, CA 95865-4490
Phone: (916) 929-2125
Fax: (916) 929-7682
E-mail: cac@calcollectors.net

Membership is required in both the California unit 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.



California Association of Collectors, Inc.
ACA International
MEMBERSHIP APPLICATION



(Please Type or Print Legibly)

Date: Business License #: Expiration Date:

Employer Identification Number (EIN)/Federal Tax ID:

Year company established under the EIN above:

The name under which applicant is incorporated or organized

Legal Name:

DBA Name:

Physical Address:

City: State: Zip Code:

County: Website:

Mailing Address (If different than above):

Street:

City: State: Zip Code:

Phone Number: Fax Number:

Phone Number to be Published/Listed on CAC Website:

Main Contact (Required) The designated representative of agency will receive all member mail.

Name:

Title:

Direct Phone: Direct Fax:

Direct E-mail:

Additional E-mails:

- 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:

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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 because dues are based on agency/company size. Employees: includes 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 collection services offered:

Commercial: _____ % Debt Buyer: _____ % Government Debt: _____ %
Medical: _____ % Professional: _____ % Retail: _____ %
Student Loans: _____ % Subrogation: _____ % Other: _____ %

In accordance with Article III, section 4 of the Bylaws of the California Association of Collectors, Inc., the dues of all members of the Association are payable annually, in advance, on 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 III, Section 4 of CAC's bylaws.

Basis for Computation of Dues: Dues of members of the Association shall be based upon the total number of employees of such members, actively engaged in the collection agency activity, whether such employees are employed full-time or part-time, regardless of capacity. For the purpose of fixing such dues, the term "employee" shall include the owner, if a sole proprietorship; each partner, if a partnership; outside salespeople, solicitors and collectors, even though employed as independent contractors.

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 \$30.00 for an annual subscription to *Collector's Ink*. Additional copies are available for a \$50 annual subscription fee.

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 25 percent. CAC estimates the nondeductible portion to be 30.3 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.

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 agency activity, have complied with the laws of the state of California to operate a collection agency, and we agree to comply with all provisions of the Association's Bylaws and Code of Ethics, and do all in our power 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 statement of ownership and letterhead stating we are operating in California as a third party collection agency and date established.**

AGENCY NAME: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____

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



Mail your application and signed check for total amount to:
California Association of Collectors, Inc.
P.O. Box 254490
Sacramento, CA 95865-44920
Phone: (916) 929-2125 Fax: (916) 929-7682
cac@calcollectors.net www.calcollectors.net



California Association of Collectors, Inc. ACA International



ACA Dues – January 1, 2010 thru December 31, 2010		
Base fee (includes one owner, partner or officer)	1 x \$300	\$300
For all other owners, partners, officers and employees working in the agency	_____ x \$25	\$
SUBTOTAL ACA INVESTMENT (maximum \$2,500)		\$

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)		\$

TOTAL ACA & CAC INVESTMENT (maximum \$4,000)	\$
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CAC VOLUNTARY CONTRIBUTIONS	
CAC Political Action Committee (PAC) voluntary contribution (suggested amount: CAC Dues x 20%)	\$
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%)	\$

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
Included in your membership is a complimentary listing indicating actual region of office location and one specialty, which are searchable on the CAC website. Choose your specialty below: <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	—
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.

Note: Application shall be filed with the CAC office and shall be accompanied by payment of dues for a full fiscal year in CAC and ACA.

Submit payment, application and supporting documentation to:
California Association of Collectors, Inc. • P.O. Box 254490 • Sacramento, CA • 95865 • Fax Number (916) 929-7682

ACA INTERNATIONAL ADDENDUM

In addition to your California application data, the following information is required of all Agency 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: _____

Direct Phone: _____ Direct Fax: _____

Direct E-mail: _____

Disclosure Statement. Have any of the officers/owners 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.*

The undersigned, on behalf of the applicant and its employees, agrees:

1. To be bound by the ACA International and CAC Bylaws, Standard Operating Procedures, Code of Ethics and Code of Operations, and Procedural Rules for the Ethics Committee, as these governing documents currently exist or as they may be amended by the Association(s). By signing below, I further represent I have reviewed these documents and understand their content. (See ACA's documents at <http://www.acainternational.org>. Select "About" and "ACA Governance and Self Regulation.")
2. The applicant has satisfied or is in the process of satisfying all applicable state licensing and regulatory requirements as they relate to applicant's business.
3. To notify ACA International/CAC if any of the information provided in this application/addendum changes after it is submitted and before it is approved. I understand that if any of the information provided becomes obsolete or inaccurate, the membership application process may be delayed and/or the application may be rejected.
4. Once membership is approved, to notify ACA International/CAC of any changes regarding Company Owners/Officers/Controlling Individuals or Business Verification information within 60 days of such change. I understand that failure to notify ACA International/CAC of these changes may threaten our company's status as a member in good standing or cause the membership to be terminated.

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

1. All statements and information provided in this application/addendum are true. I have verified the accuracy of the statements and information with each individual referenced in these documents.
2. I have the authority to sign this application/addendum, and bind the applicant to the stated terms and conditions.

AGENCY NAME: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____