



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 your membership for your agency:

- 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 Agency Member Application and ACA International Addendum.
- 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 the date the business was established.
- ACA Addendum completed and signed
- Return the application, supporting documentation and payment for the total amount to:

MEMBERSHIP DEPARTMENT

California Association of Collectors, Inc.
1455 Response Road, Suite 240
Sacramento, CA 95815
Phone: (916) 929-2125
Fax: (916) 929-7682
E-mail: cac@calcollectors.net

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 "Richard Hoffman". The signature is written in a cursive, flowing style.

Richard Hoffman
President



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:

The year the company was 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:

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 agency 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 and officers; list everyone who holds an interest of 10 percent or more in the applicant agency and what percentage they hold. Please ensure that at least 90 percent of ownership is identified. If the owner is another corporation, list the 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 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 collection services offered:

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

In accordance with Article III, section 4 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 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 for an annual subscription to the *Collector's Ink* bi-monthly magazine. 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 30 percent. CAC estimates the non-deductible portion to be 42.30 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 the date established.**
- 5. I understand that by providing my fax number and email address and signing this Agency Membership Application, I consent to receive faxes and emails sent by or on behalf of CAC (and its subsidiaries and affiliates).**

AGENCY 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
 California Association of Collectors, Inc.
 1455 Response Road, Suite 240
 Sacramento, CA 95815
 Fax: (916) 929-7682
 E-mail: cac@calcollectors.net



California Association of Collectors, Inc. ACA International



ACA Dues – January 1 thru December 31*		
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)		\$

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

CAC Dues – January 1 thru December 31, 2012		
Base fee (includes one owner, partner or officer)	1 x \$550	\$550
For all other owners, partners, officers and employees working in the agency	_____ x \$80	\$
SUBTOTAL CAC INVESTMENT (maximum \$2,500)		\$

TOTAL ACA AND CAC INVESTMENT (maximum \$5,000)	\$
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CAC VOLUNTARY CONTRIBUTIONS		
CAC Political Action Committee (PAC) voluntary contribution <i>(contributions of all levels are encouraged)</i>		
\$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 <i>(suggested amount: CAC Dues x 20%)</i>		\$
CAC Educational Scholarship Foundation (CACESF) voluntary contribution <i>(suggested amount: CAC Dues x 20%)</i>		\$

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 \$40, invoiced yearly at the month of initial request. <input type="checkbox"/> Yes! Sign me up Company Website: _____	\$	
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"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Student Loans <input type="checkbox"/> Retail <input type="checkbox"/> Debt Buyer <input type="checkbox"/> Government Debt <input type="checkbox"/> Professional <input type="checkbox"/> Subrogation	—	

TOTAL:	\$
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WEEKLY E-NEWSLETTER
 CAC emails a weekly newsletter giving CAC members the latest news and information about what CAC is doing for you and your business. Please list any additional emails that you would like to receive CAC's weekly newsletter and be sure to add calcollectors.net to your safe senders list.

Return your application, supporting documentation and payment for the total amount to:
California Association of Collectors, Inc. • 1455 Response Rd., Ste. 240 • Sacramento, CA • 95815 • Fax Number: (916) 929-7682
Please select payment option

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 Agency Member applicants by ACA International, the Association of Credit and Collection Professionals.

Ethics Contact. The on-site person that the 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 the 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, Policies and Procedures, Code of Ethics, 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 "Leadership & Governance.")
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: _____