

Member Attorney Program

Participation Form



MAP participation is available to attorneys licensed by the State Bar of California who represent or provide services to one or more members of the Association in the area of credit or collection law. Completion of this form will assist CAC in verifying eligibility for MAP participation.

Name _____ Title _____

Company _____ Co. Member ID # (if known) _____

Address _____ City _____ State _____ Zip _____

Direct phone: _____

E-mail address: _____
(For MCLE announcements)

I am licensed in good standing to practice law in the state(s) of:

California State Bar Number:

How did you learn about MAP?

- Mailing CAC Website Co-Worker Other: _____

Referred by _____

By signing below I certify:

1. My company/firm is a current member of CAC.
2. I am an active, licensed attorney in the state(s) indicated above.
3. I agree to be bound by and support the purposes of CAC's governing documents, including the association bylaws, standard operating procedures, and the codes, procedures and rules governing member conduct which may be found at www.calcollectors.net, and which may be amended from time to time.
4. I do not threaten, initiate, or maintain consumer-protection related actions against members of CAC.
5. 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 CAC. I will not directly or indirectly assist such attorney or professionals, nor any other individuals providing assistance to them, in gaining access to CAC exclusive member benefits and privileges, or share with them any information originating from CAC.

To the extent my circumstances change with respect to the above certifications, I acknowledge my continuing obligation to so inform CAC's membership department.

Signature _____ Date _____