

## CAI MEMBERSHIP APPLICATION

Community Associations Institute, New Jersey Chapter  
500 Harding Road  
Freehold, NJ 07728  
Phone: (609) 588-0030 Fax: (609) 588-0040  
Web: www.cainj.org  
Email: info@cainj.org

### MEMBERSHIP CONTACT (Where membership materials will be sent):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Association/  
Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Select your Chapter: \_\_\_\_\_ NEW JERSEY

Recruiter Name/Co. Name: \_\_\_\_\_

### CATEGORY OF MEMBERSHIP: (Select one)

- |  |            |
|--|------------|
| <input type="checkbox"/> Homeowner Leader (HL) | Dues vary* |
| <input type="checkbox"/> Manager               | \$139      |
| <input type="checkbox"/> Management Company    | \$425      |
| <input type="checkbox"/> Business Partner      | \$600      |

### PAYMENT METHOD:

- Check made payable to CAI    VISA    MasterCard    AMEX

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Important Tax Information: Under the provisions of section 1070(a) of the Revenue Act passed by Congress in 12/87, please note the following. Contributions or gifts to CAI are not tax-deductible as charitable contributions for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. CAI estimates that the non-deductible portion of your dues is 2%. For specific guidelines concerning your particular tax situation, consult a tax professional. CAI's Federal ID number is 23-7392984. \$39 of annual membership dues is for your non-refundable subscription to *Common Ground*.

**Complete only the portion of the remainder of the application that applies to your category of membership.**

For CAI-NJ use only:

- \_\_\_ BP  
\_\_\_ HL  
\_\_\_ MGMT  
\_\_\_ MGR

### HOMEOWNER LEADER (HL):

Billing Contact: (if different than Association Address on left):

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Fax: \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

### \*TOTAL MEMBERSHIP DUES (as of January 1, 2022)

- |   |       |
|---|-------|
| <input type="checkbox"/> Individual Homeowner | \$130 |
| <input type="checkbox"/> 2 Homeowners         | \$240 |
| <input type="checkbox"/> 3 - 15 Homeowners    | \$305 |

For more than 3 homeowners, please indicate below who should receive membership renewal information. Please attach additional paper if needed. Please contact CAI National Customer Service (888) 224-4321 for memberships exceeding 15 individuals.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Fax: \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Fax: \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*\*Total Membership Dues above include Advocacy Support Fee.

### BUSINESS PARTNER:

- |   |   |
|---|---|
| <input type="checkbox"/> Accountant   | <input type="checkbox"/> Attorney           |
| <input type="checkbox"/> Builder/Developer  | <input type="checkbox"/> Insurance Provider |
| <input type="checkbox"/> Lender   | <input type="checkbox"/> Real Estate Agent  |
| <input type="checkbox"/> Supplier (landscaping, power washing, snow removal, etc) |   |

Please specify: \_\_\_\_\_

Technology Partner

Please specify: \_\_\_\_\_

Other

Please specify: \_\_\_\_\_

### BUSINESS PARTNER AFFILIATE:

Name of Primary Company Contact: \_\_\_\_\_