

CACM Individual Member Application

I hereby apply for an annual individual membership in the California Association of Community Managers and agree to abide by the association's Bylaws and Code of Professional Ethics and Standards of Practice. As such, I understand that if my membership is terminated as a result of disciplinary action by CACM's Professional Standards Committee, I will not be eligible to reinstate or reapply for membership or certification.

MEMBERSHIP LEVEL

Pro \$245
Pro Plus \$635

MANAGER TYPE

Portfolio
Large Scale
High Rise
New Development
Financial
Age-Restricted Active Adult
Commercial/Mixed Use

How many communities do you manage?

What counties or regions served?

What are your professional goals?

MEMBERSHIP DUES

CACM manager membership dues are based on a calendar year and payable every January 1. Should you join in a month other than January, your annual membership dues will be prorated accordingly. The following January you will be billed for the full amount, which is due and payable on January 1. If you pay by credit card, you will be charged only the prorated amount. If you pay by check, any overpayment will be credited to your account to apply towards your renewal. Join online and the prorated amount will be automatically calculated for you. All members must have their dues paid in full to be considered a "member in good standing" and eligible for member discounts and benefits.

PRIVACY STATEMENT

By applying for membership, you consent to receive emails, faxes, and other electronic communications, as well as direct mail, related to CACM membership events, and to products and services of CACM, our industry partners, and other select third parties. You also agree that while membership may provide you access to lists from CACM databases, you will use those lists only in accordance with their express terms, and not for commercial purposes. You also agree to respect CACM service marks and trademarks, and use the CACM brand and credentials in accordance with association approved standards and policies.

PHOTO RELEASE

Member grants permission to CACM and its agents to utilize member's image, likeness and/or sound recordings for its legitimate business purposes in perpetuity. If you do not wish CACM to use your name, image or likeness, please contact communications@cacm.org.

PLEASE FILL IN ALL FIELDS BELOW (* indicates mandatory fields)

MEMBER PROFILE*

FIRST* _____ MI _____ LAST* _____
BIRTHDAY: MONTH AND DAY ONLY _____
TITLE* _____
BUSINESS EMAIL* _____ BUSINESS PHONE/EXT* _____
REFERRED BY (NAME/COMPANY) _____ MOBILE PHONE* _____
HOW DID YOU HEAR ABOUT US?
Social Media Referral/Word of Mouth Events Search Engine Online Ads Other

CORPORATE/DIRECTORY ADDRESS

COMPANY* _____
STREET ADDRESS* _____
CITY* _____ STATE* _____
ZIP/POSTAL CODE* _____ COUNTRY* _____
WEBSITE* _____ PHONE* _____

ONSITE/PHYSICAL WORK ADDRESS

Check box if same as corporate address

STREET ADDRESS _____
CITY _____ STATE _____
ZIP/POSTAL CODE _____ COUNTRY _____
WEBSITE* _____ FACEBOOK LINK _____
TWITTER LINK _____ LINKEDIN LINK _____

PERSONAL DETAIL

DESIGNATIONS HELD _____
HOW LONG IN THE INDUSTRY? _____

PERSONAL/HOME

STREET ADDRESS _____
CITY _____ STATE _____
ZIP/POSTAL CODE _____ COUNTRY _____
PERSONAL EMAIL* _____ HOME PHONE _____
PREFERRED MAILING ADDRESS: CORPORATE ONSITE PERSONAL
PREFERRED LOCATION ADDRESS FOR EVENTS: CORPORATE ONSITE PERSONAL

PAYMENT METHOD (please check one)

Amex Discover Mastercard Visa

Please email a credit card receipt to: _____
CARD NUMBER _____ CVV _____
EXPIRATION DATE _____ BILLING ZIP CODE _____
CARDHOLDER NAME (PRINT CLEARLY) _____
AUTHORIZED SIGNATURE _____



Memberships are not transferable and dues are not refundable. A \$100 reinstatement fee will be charged to process lapsed memberships. Failure to supply payment and all information requested may delay processing of membership.

California Association of Community Managers, Inc.

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