Accredited Community Management Company (ACMC)

Application Criteria

1. The applicant business must be a CACM Management Business member in good standing.
2. The applicant business must have experience providing the services of community association management for a minimum of three years.
3. The applicant business must maintain all necessary insurance coverage in amounts sufficient to protect the interests of the applicant business's clients, including, but not limited to, general liability, fidelity insurance protecting the client's funds and workers' compensation. In addition, the applicant business must provide evidence of and maintain an errors and omissions insurance policy in an amount not less than $1,000,000.
4. The applicant business must have one CCAM, CAFM, CAMEx, or MCAM in good standing in an Executive or supervisory position who directs and supervises the applicant business's community association management operations and signs the Management Business Code of Ethics as the responsible party. Further, each branch and/or regional office must also be supervised by a CCAM, CAFM, CAMEx, or MCAM in accordance with the provisions stated above.
5. The applicant business (providing full service management) must maintain a minimum seventy five percent (75%), of each community association manager in the employ of said business is a candidate for the CCAM certification, and must complete the certification program requirements within two years of becoming a CCAM candidate. Further, community association managers of the business must maintain the CCAM certification in good standing at all times for the applicant business to retain the ACMC designation.
6. The applicant business must notify CACM if the applicant business has a name or ownership change between renewal periods (every five years), by providing a letter of disclosure demonstrating the business's continued compliance with all requirements and a statement indicating no substantial changes in the business's operation have taken place. Upon renewal of the business's ACMC designation, the business must submit a completed application along with updated documents as necessary.
7. The applicant business's CEO, officers and managers must adhere to and submit a signed CACM Management Business Code of Professional Ethics and Standards of Practice.
8. The applicant business must supply a brief company history describing services offered.
9. The applicant business must provide a copy of the business license from the city where the applicant business's main place of business is located.
10. Business members agree to complete a one-time application fee of $300 and an annual certification maintenance fee of $150. Business Plus members receive complimentary application fees and annual certification maintenance fees.

ACMC Application

Applicant Business Name		Applicant Business Phone		
Applicant Business Contact Person		Applicant Business Contact Email		
Applicant Business Address		City	State	Zip

What type of Business Membership does your company hold with CACM? ☐ Business ☐ Business Plus
How long have you held this business membership? ☐ 1-3 years ☐ 3 or more years

Please list company executives who directs/supervises community association management operations.

	Executive First Name	Executive Last Name	Years of employment	Location
1.				
2.				
3.				
4.				

Yes	No	
☐	☐	Has your business ever been involved in a reorganization for the benefit of creditors or in bankruptcy proceedings as a debtor?
☐	☐	Has your business or its designated Executive/supervisor ever been involved in ether civil or criminal legal proceedings as a defendant in which there were allegations of fraud, misrepresentation or misappropriation of funds or property, etc.?
☐	☐	Has your business ever been refused bonding, fidelity or crime insurance, or had any such coverage cancelled?
☐	☐	Has your business or its designated Executive/supervisor ever been subject to disciplinary action by CACM or any other professional association?
☐	☐	Has your business ever had any professional license suspended or revoked or otherwise been subject to disciplinary action?

If you answered "yes" to any of the questions above, please attach a detailed, written explanation.

Type(s) of Management Services ☐ Community Management ☐ Financial Management ☐ Full Service Management

Type(s) of Properties Managed ☐ Condos/Townhomes ☐ Large Scale ☐ Mixed Use ☐ Single Family ☐ Commercial

Number of Units Serviced ☐ 20 or less ☐ 21-100 ☐ 100-500 ☐ 501-1000 ☐ 1001-2000 ☐ 2001+

Southern CA Region(s) Serviced ☐ Orange County ☐ Coachella Valley ☐ Inland Valley ☐ Ventura ☐ San Diego ☐ Los Angeles ☐ Inland Empire

Northern CA Region(s) Serviced ☐ San Francisco ☐ Central Coast ☐ Napa Valley ☐ Sacramento Valley ☐ East Bay ☐ Central Valley ☐ Olympic Valley

OUTSIDE CA ☐ *Please specify* _____

PLEASE CHECK EACH DOCUMENT ATTACHED WITH THIS APPLICATION

- ☐ Brief company history describing services offered
- ☐ Business License
- ☐ Signed CACM Management Business Code of Ethics & Standards of Practice
- ☐ List of all owners, officers, and community management employees including name, title, email, and Certification status *(Example; "In Process", or CCAM, or CAFM, or CAMEx or MCAM)*

ACMC Candidate Application

This application is submitted to CACM with the understanding that:

1. The information provided will be used to assist CACM in reviewing the applicant business's eligibility for ACMC status.
2. Additional information that may be required by CACM shall be supplied promptly upon request.
3. The applicant business agrees to comply with contractual standards.
4. The information provided is complete and correct to the best of the applicant business's knowledge.
5. The information will be considered confidential, except as may be required to process and approve the application.
6. There are no actions charged against the applicant business or challenges to the applicant business's responsibility, character or integrity.
7. Any information or comment furnished to CACM shall be held in strict confidence.
8. The applicant business agrees to waive any and all claims against CACM, its officers, directors, employees, agents, attorneys and members arising out of any act or omission in connection with the consideration, rejection or acceptance of this application, or any act or omission by CACM disappointing the applicant business if the application is not approved, including any suspension or expulsion of the applicant business as an ACMC program applicant business.
9. The applicant business wholeheartedly subscribes to the official CACM Management Business Code of Professional Ethics and Standards of Practice.
10. The applicant business understands his/her responsibility to provide CACM with the current place of business and any change thereto.
11. The applicant business understands and agrees to permit CACM to review this application and any attachments thereto or subsequent information submitted or obtained related thereto, and investigate any portions thereof as it may deem necessary.
12. The applicant business agrees to provide a letter of disclosure regarding any ownership changes, including but not limited to, mergers and acquisitions, and understands ACMC status may be revoked if all criteria are not met.
13. In addition to the foregoing, each member shall have the duty and responsibility to follow the Management Business Code of Professional Ethics and Standards of Practice.

Applicant Signature	Date

Signature of business representative verifies the accuracy of this application and acknowledges the applicant business has read the rules and regulations stated above and authorizes CACM and/or its agents to verify all items listed above

Accredited Community Management Company (ACMC) Accreditation Fee Form

☐ New Applicant	☐ Reaccreditation Applicant

ACMC Accreditation Fee Total Due		
CACM Membership	**One Time Application Fee**	**Annual Accreditation Fee**
BusinessPlus	$0	$0
Business	$300	$150

Applicant First Name	Applicant Middle Initial	Applicant Last Name
Applicant Business or Association Name		
Business Address		
Business City	Business State	Zip Code
Business Phone #	Business Email:	

☐ Check Enclosed (do not staple check to form)			
☐ Amex	☐ Discover	☐ MasterCard	☐ Visa
Card Number:		Expiration Date:	
CVV Number:		Billing Zip Code:	
Cardholder Name:			
Signature (required):			
☐ Please email a receipt to:			

California Association of Community Managers, Inc.SM

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