



Membership Dues Payment Plan Agreement

Renewing Members: 1st Payment DUE January 1 || New Members: 1st Payment DUE with membership application

1/17/2012

POLICY

- All payments are DUE on the 1st, LATE after the 15th, and PAST DUE after the end of the month. *Past Due memberships are subject to termination without notice.*
- Maximum Number of Payments: Six (6), for the period January through June
- Final Payment must reach CAADS by June 30
- Payment Plan Processing Fee: _____ \$10 per payment
Returned Check Fee: _____ \$50 per item
Late Payment Fee: _____ \$35 after the 15th day of the month
Membership Reinstatement Administrative Fee: ___ \$50 for memberships terminated as past due
- Agreement form must be completed, signed, dated and sent to CAADS with a payment.

PAYMENT PLAN OPTIONS

I understand that CAADS annual membership dues are due and payable in full prior to the start of the Membership Year (January 1), and that this Payment Plan Agreement does not relieve me of the obligation to pay the full dues. To meet this obligation, I agree to make payments according to (check one):

- AUTOMATIC CREDIT CARD BILLING** (Authorization to charge credit card on the months I indicate below.)
- SCHEDULED INVOICES** (Agreement to pay from invoice on the months I indicate below.)

PAYMENT PLAN SCHEDULE

ANNUAL DUES RATE: \$ _____

Due Date	Dues Amount	+	Plan Fee	=	Installment Total
JAN 1st	\$ _____	+	\$ 10.00	=	\$ _____
FEB 1st	\$ _____	+	\$ 10.00	=	\$ _____
MAR 1st	\$ _____	+	\$ 10.00	=	\$ _____
APR 1st	\$ _____	+	\$ 10.00	=	\$ _____
MAY 1st	\$ _____	+	\$ 10.00	=	\$ _____
JUN 1st	\$ _____	+	\$ 10.00	=	\$ _____
	\$ _____	+	\$ _____	=	\$ _____
	Dues TOTAL		Fees TOTAL		GRAND TOTAL

I agree to abide by the above Payment Plan Policy, Option and Schedule.

Center/Organization

Member ID Number

Contact Name

(_____) _____
Area Code

Telephone Number

Signature

Date