2020 Dues Payment Plan
Policy and Agreement Form

POLICY

A DUES PAYMENT PLAN IS A MEMBER PRIVILEGE, SUBJECT TO APPROVAL, AND IS REVOCABLE

Agreement Form: Form must be completed, signed, dated and sent to CAADS with first payment
Installments: Up to four (4) installments. Final payment must reach CAADS by JUNE 30
Restricted Use: Plan NOT available to NEW MEMBERS JOINING AFTER MAY 31, since the deadline for final payment is June 30, and dues are already pro-rated. Sorry, not available to current / past members with history of late payment and/or payment which fails to clear.
Processing Fees: $20 PER INSTALLMENT
Payments by CHECK: From statement prepared by CAADS, per approved payment schedule
Payments by CREDIT CARD: Automatically billed by CAADS to your Discover, MasterCard, Visa or American Express, per approved payment schedule

Payment Deadlines: PAYMENTS DUE by the 1st of the month.
LATE after the 15th of the month. $35 Late Fee after the 15th
PAST DUE after the end of the month. Membership termination without notice

Reinstatement Fee: $50 administrative fee if reinstating within 30 days of membership termination; otherwise, rejoining is not permitted prior to January 1, and Payment Plan privileges are revoked.
Returned Check Fee: $50 per item fee. After two (2) payments fail to clear, payment in full by cashier’s check or money order is required, and Payment Plan privileges are permanently revoked.

SCHEDULE

PAYMENT TO CAADS BY: ☐ Check, Monthly OR ☐ Credit Card, Charged Monthly

2020 Annual Dues Rate: $______________ (Must match TOTAL Dues below)

<table>
<thead>
<tr>
<th>Date</th>
<th>Payment Due</th>
<th>Dues Amount</th>
<th>+</th>
<th>Processing Fee</th>
<th>=</th>
<th>Installment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 – Mar 1</td>
<td></td>
<td>$____________</td>
<td>+</td>
<td>$20.00</td>
<td>=</td>
<td>$____________</td>
</tr>
<tr>
<td>2020 – Apr 1</td>
<td></td>
<td>$____________</td>
<td>+</td>
<td>$20.00</td>
<td>=</td>
<td>$____________</td>
</tr>
<tr>
<td>2020 – May 1</td>
<td></td>
<td>$____________</td>
<td>+</td>
<td>$20.00</td>
<td>=</td>
<td>$____________</td>
</tr>
<tr>
<td>2020 – Jun 1</td>
<td></td>
<td>$____________</td>
<td>+</td>
<td>$20.00</td>
<td>=</td>
<td>$____________</td>
</tr>
</tbody>
</table>

$____________ + $____________ = $____________

TOTAL Dues + TOTAL Processing Fee = TOTAL Installment

AGREEMENT

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

______________________________________________________________
Center/Organization

____________________________________________________
(_______) _______________________
Authorized Contact Name Area Code Telephone Number

________________________________________________________
Authorized Signature

___________________________________________ Date

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