



2019 Dues Payment Plan Policy and Agreement Form

Revised 11/30/2018

POLICY A DUES PAYMENT PLAN IS A MEMBER PRIVILEGE AND IS REVOCABLE

- Agreement Form: **Form must be completed, signed, dated and sent to CAADS with first payment**
- Installments: **Maximum of six (6) 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.

PAYMENT SCHEDULE PAYMENTS TO CAADS BY: CHECK, MONTHLY OR CREDIT CARD CHARGED MONTHLY

2019 Annual Dues Rate: \$ _____ (Must match TOTAL Dues Amount below)

Payment Due	Dues Amount	+	Processing Fee	=	Installment Amount
2019 – Jan 1	\$ _____	+	\$ 20.00	=	\$ _____
2019 – Feb 1	\$ _____	+	\$ 20.00	=	\$ _____
2019 – Mar 1	\$ _____	+	\$ 20.00	=	\$ _____
2019 – Apr 1	\$ _____	+	\$ 20.00	=	\$ _____
2019 – May 1	\$ _____	+	\$ 20.00	=	\$ _____
2019 – Jun 1	\$ _____	+	\$ 20.00	=	\$ _____
	\$ _____	+	\$ _____	=	\$ _____
	TOTAL Dues		TOTAL Processing Fee		TOTAL Installment

AGREEMENT

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

Center/Organization _____ Member ID Number _____

Authorized Contact Name _____ (_____) Telephone Number _____
 Area Code

Authorized Signature _____ Date _____