



2017 DUES PAYMENT PLAN POLICY AND AGREEMENT FORM

Approved 11/11/2016

POLICY		A DUES PAYMENT PLAN IS A MEMBER PRIVILEGE AND IS REVOCABLE
Agreement Form:	Must be completed, signed, dated and sent to CAADS with first payment	
Installments:	Maximum of six (6). Final payment must reach CAADS by <u>JUNE 30</u>	
Restricted Use:	Not available to NEW MEMBERS JOINING AFTER MAY 31 , since the deadline for final payment is June 30, and dues are already pro-rated. <i>Sorry, not available to current / past members with history of late payment and/or payment which fails to clear.</i>	
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 or Visa, per approved payment schedule	
Payment Deadlines:	DUE by the 1st of the month. LATE after the 15th of the month. \$35 Late Fee after the 15 th PAST DUE after the end of the month. <u>Membership termination without notice</u>	
Reinstatement Fee:	\$50 administrative fee If reinstating within 30 days of membership termination; otherwise, <u>rejoining not permitted prior to January 1, and Payment Plan privileges are revoked.</u>	
Returned Check Fee:	\$50 per item. <u>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.</u>	

PAYMENT SCHEDULE

2017 Annual Dues Rate: \$ _____ (Must match **TOTAL Dues Amount** below)

Payment Due	Dues Amount	+	Processing Fee	=	Installment Amount
2017 – Jan 1	\$ _____	+	\$ 20.00	=	\$ _____
2017 – Feb 1	\$ _____	+	\$ 20.00	=	\$ _____
2017 – Mar 1	\$ _____	+	\$ 20.00	=	\$ _____
2017 – Apr 1	\$ _____	+	\$ 20.00	=	\$ _____
2017 – May 1	\$ _____	+	\$ 20.00	=	\$ _____
2017 – Jun 1	\$ _____	+	\$ 20.00	=	\$ _____
	\$ _____		\$ _____		\$ _____
	TOTAL Dues Amount	+	TOTAL Processing Fee	=	TOTAL Installment Amount

AGREEMENT

I agree to abide by the above Payment Plan Policy and Schedule, and will make payments to CAADS by:

CHECK CREDIT CARD

Center/Organization _____

Member ID Number _____

Authorized Contact Name _____

(_____)
Area Code

Telephone Number _____

Authorized Signature _____

Date _____