



2024 Dues Payment Plan Policy and Agreement Form

Revised 11/30/2023

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: **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

2024 Annual Dues Rate: \$ _____ (Must match TOTAL Dues below)

<u>Date Payment Due</u>	<u>Dues Amount</u>	+	<u>Processing Fee</u>	=	<u>Installment Amount</u>
2024 – Apr 1	\$ _____	+	\$ 20.00	=	\$ _____
2024 – May 1	\$ _____	+	\$ 20.00	=	\$ _____
2024 – 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 _____

(_____)
Area Code

Telephone Number _____

Authorized Signature _____

Date _____