

2026 Dues Payment Plan Policy and Agreement Form

Revised 10/01/2025

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 the first payment**
- Installments: **Maximum of six (6) installments. Final payment must reach CAADS by APRIL 1**
- 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 prorated. *Sorry, we are not available to current/past members with a history of late payments and/or payments that fail 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 the approved payment schedule
- Payment Deadlines: **Payments are 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 reinstated within 30 days of membership termination; otherwise, rejoining is not permitted before 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

2026 Annual Dues Rate: \$_____ (Must match TOTAL Dues below)

| Payment Due Date | Dues Amount | + | Processing Fee | = | Installment Amount |
|------------------|-------------------|---|-----------------------------|---|--------------------------|
| 2026 – Jan 15 | \$_____ | + | \$ 20.00 | = | \$_____ |
| 2026 – Feb 15 | \$_____ | + | \$ 20.00 | = | \$_____ |
| 2026 – Mar 15 | \$_____ | + | \$ 20.00 | = | \$_____ |
| 2026 – Apr 15 | \$_____ | + | \$ 20.00 | = | \$_____ |
| 2026 – May 15 | \$_____ | + | \$ 20.00 | = | \$_____ |
| 2026 – June 15 | \$_____ | + | \$ 20.00 | = | \$_____ |
| | \$_____ | + | \$_____ 120.00 | = | \$_____ |
| | 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 _____