

# 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 1<sup>st</sup> of the month.**  
**LATE after the 15th of the month. \$35 Late Fee after the 15<sup>th</sup>**  
**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	=	\$ _____
	<b>TOTAL Dues</b>		<b>TOTAL Processing Fee</b>		<b>TOTAL Installment</b>

## 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