



# 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: **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 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 15<sup>th</sup> 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)

| <u>Date Payment Due</u> | <u>Dues Amount</u> | + | <u>Processing Fee</u>       | = | <u>Installment Amount</u> |
|-------------------------|--------------------|---|-----------------------------|---|---------------------------|
| 2026 – Mar 1            | \$ _____           | + | <b>\$ 20.00</b>             | = | \$ _____                  |
| 2026 – Apr 1            | \$ _____           | + | <b>\$ 20.00</b>             | = | \$ _____                  |
| 2026 – May 1            | \$ _____           | + | <b>\$ 20.00</b>             | = | \$ _____                  |
| 2026 – Jun 1            | \$ _____           | + | <b>\$ 20.00</b>             | = | \$ _____                  |
|                         | \$ _____           | + | \$ _____                    | = | \$ _____                  |
|                         | <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 \_\_\_\_\_