

Authorized Signature

2026 Dues Payment Plan Policy and Agreement Form

Revised 10/01/2025

POLICY	A DUES PAYMENT PLAN IS A M	EMBER PRIVI	LEGE AND IS REVOCABLE		
Agreement Form:	A DUES PAYMENT PLAN IS A MEMBER PRIVILEGE AND IS REVOCABLE 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 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 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:	Снеск, мо	NTHLY OR CREDIT CAR	D, CHARGED I	MONTHLY
2026 Annual Dues Rate	:\$(Mus	t match TO	ΓAL Dues below)		
Payment Due Date	Dues Amount	+	Processing Fee	=	Installment Amount
2026 – Jan 1	\$	+	\$ 20.00	=	\$
2026 – Feb 1	\$	+	\$ 20.00	=	\$
2026 – Mar 1	\$	+	\$ 20.00	=	\$
2026 – Apr 1	\$	+	\$ 20.00	=	\$
2026– May 1	\$	+	\$ 20.00	=	\$
2026 – Jun 1	\$	+	\$ 20.00	=	\$
	\$ TOTAL Dues	+	\$ TOTAL Processing Fee	=	\$ TOTAL Installment
AGREEMENT					
agree to abide by the	above Payment Plan Poli	cy and Pa	yment Schedule.		
Center/Organization					Member ID Number
				()
Authorized Contact Name				Area Cod	e Telephone Number

Date