

SIGN UP YOUR ADDITIONAL MEMBERS TODAY!

PRIMARY CONTACT ON ACCOUNT

ASSOCIATION NAME (SPELL OUT COMPLETELY)

FIRST NAME _____ LAST NAME _____
ASSOCIATION PHONE _____ ASSOCIATION FAX _____

Please provide the full contact information for the members of your board you are signing up for membership. **One unique email address is required per board member.**

IMPORTANT: A full name must be provided for each board member due to postal service regulations and to ensure delivery of mailed membership benefits. Names such as "Board Member" and "Treasurer" or other officer positions may not be used.

ADDITIONAL MEMBER -1

FIRST NAME _____ LAST NAME _____

BOARD POSITION _____ SUFFIX _____ UNIQUE EMAIL REQUIRED _____

BUSINESS OR HOME ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

Privacy Option: (visit www.caionline.org/about/privacy to review full policy)

I do not wish my name and/or address information to be provided to any outside organizations for promotional purposes.

ADDITIONAL MEMBER -2

FIRST NAME _____ LAST NAME _____

BOARD POSITION _____ SUFFIX _____ UNIQUE EMAIL REQUIRED _____

BUSINESS OR HOME ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

Privacy Option: (visit www.caionline.org/about/privacy to review full policy)

I do not wish my name and/or address information to be provided to any outside organizations for promotional purposes.

ADDITIONAL MEMBER -3

FIRST NAME _____ LAST NAME _____

BOARD POSITION _____ SUFFIX _____ UNIQUE EMAIL REQUIRED _____

BUSINESS OR HOME ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

Privacy Option: (visit www.caionline.org/about/privacy to review full policy)

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ADDITIONAL MEMBER -4

FIRST NAME _____ LAST NAME _____

BOARD POSITION _____ SUFFIX _____ UNIQUE EMAIL REQUIRED _____

BUSINESS OR HOME ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

Privacy Option: (visit www.caionline.org/about/privacy to review full policy)

I do not wish my name and/or address information to be provided to any outside organizations for promotional purposes.

ADDITIONAL MEMBER -5

FIRST NAME _____ LAST NAME _____

BOARD POSITION _____ SUFFIX _____ UNIQUE EMAIL REQUIRED _____

BUSINESS OR HOME ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

Privacy Option: (visit www.caionline.org/about/privacy to review full policy)

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***Use another sheet of paper for any additional board members up to a total of 15 for your association.**

EMAIL TO INFO@CAINJ.ORG OR FAX TO (609) 588-0040