



COMPANY INFORMATION	
Company Name	_____
Address	_____
Phone	_____
Website	_____

OFFICIAL REPRESENTATIVE	
Name	_____
Title	_____
Address (if different than above)	_____
Phone	_____
Cell	_____
Email	_____

BILLING CONTACT	
Name	_____
Title	_____
Address (if different than above)	_____
Phone	_____
Cell	_____
Email	_____

MEMBERSHIP CATEGORY	
Please check one.	<input type="checkbox"/> Affiliate \$350 <input type="checkbox"/> Voting \$1,705

SIGNATURE	
<p>I hereby warrant that I am an authorized representative of the above-named applicant and that as such I am authorized to execute this document on the applicant's behalf. In that capacity, I acknowledge and agree that by signing this application for CMHA membership on behalf of the applicant, the applicant shall at all times remain liable for its annual CMHA membership dues assessed and due through the fiscal year ending June 30. In consideration of CMHA accepting this application for membership, the above-named applicant warrants that it will support the practices and technology prescribed by CMHA and shall abide by the terms and conditions of CMHA Bylaws and Statement of Policy Manual as they are currently written or as they may be amended in the future.</p> <p>By signing this application, the applicant further agrees that in the event the applicant becomes a CMHA member and is subsequently terminated or suspended from membership, dissolved, liquidated, or is acquired by or merged with another entity that is not a CMHA member, the applicant shall be and remain liable to CMHA for any outstanding debts or obligations to CMHA, including, but not limited to, any unpaid membership dues and past member assessments. In the event the applicant becomes a CMHA member and is subsequently acquired by or merged with another CMHA member, the applicant shall remain liable for membership dues assessed and due through the fiscal year ending June 30.</p>	
Signature _____	Date _____

PAYMENT INFORMATION	
Dues are payable in U.S. Dollars. Please note that full payment must be submitted before the application can be processed.	
Contractors (Voting only) may pay <input type="checkbox"/> Annually <input type="checkbox"/> Quarterly	
Amount Enclosed <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Check (made payable to CMHA)	
Card # _____ Exp Date _____ CVV code (required for processing) _____	
Name on Card _____	Billing Address _____
Signature _____	Date _____
Would you like us to securely save your credit card information on file for future transactions? <input type="checkbox"/> YES <input type="checkbox"/> NO	

US Companies - CMHA dues are not tax deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. CMHA estimates that 10% of your dues payment is allocated to lobbying activities and is not deductible for federal income tax purposes. If in doubt, please contact your tax advisor.