



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. Affiliate (non-voting) \$565 Voting \$1,705

SIGNATURE

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.

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.

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.

Professional (Voting only) may pay Annually Quarterly

Amount Enclosed VISA MasterCard AMEX 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? YES 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.