



2017 Membership Application

(* denotes required field)

Referred by:

Name / Company

Organization Name*		CAI Primary Membership Contact Name*		
Address*		City*	State*	Zip*
Phone*	Fax	Website		
Number of NC Employees*	Number of NC Locations*	Total Number of Employees		
Government Contractor / Subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Industry: Enter your 4 digit NAICS code enter here if known _____		
If NAICS unknown, enter industry / Product description: _____				Ownership: <input type="checkbox"/> Public Corp <input type="checkbox"/> Privately Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Government

Please select those individuals who are authorized to utilize any of the CAI membership benefits including unlimited access to the Advice and Resolution team, myCAI, and survey data. Add extra sheets if necessary. ***Must have at least one contact listed.**

CEO / Top Site Official / Owner	Name	Title	Email
Top Finance/ Accounting Official	Name	Title	Email
Top HR Official	Name	Title	Email
Top Operations Official	Name	Title	Email
Office Manager	Name	Title	Email
Other HR Leader	Name	Title	Email
Other HR Leader	Name	Title	Email
HR Gen / Business Partner / Specialist	Name	Title	Email
HR Gen / Business Partner / Specialist	Name	Title	Email
HR Gen / Business Partner / Specialist	Name	Title	Email
Training Professional	Name	Title	Email
Legal Professional	Name	Title	Email
Other Contact	Name	Title	Email
Other Contact	Name	Title	Email

Other locations / subsidiaries of Member to add to the CAI membership (at a minimum please list your other NC locations*)

Organization Name	Address	City/State/Zip
Organization Name	Address	City/State/Zip
Organization Name	Address	City/State/Zip

Dues Schedule (as of 1/1/17)*

The CAI membership dues level is established annually by the volunteer CAI Board of Directors comprised of CEO's of CAI member companies. The dues are calculated based on your total NC employee headcount and your total number of NC locations.

The formula for your annual CAI Membership Investment is:

$$\begin{array}{ccccccc}
 & \text{Total number of} & & \text{Per Employee} & & \text{\$100 for each NC} & & \text{Your Annual} \\
 & \text{NC Employees}^2 & \times & \text{Membership Rate} & + & \text{facility (5 max)}^2 & = & \text{Membership Investment} \\
 \text{Enter Your} & \boxed{} & & \$20 & & \boxed{} & & \boxed{} \\
 \text{Data Here} & \text{Min 40 / Max 400} & & & & \text{Min 1 / Max 5} & & \text{Min \$900 / Max \$8,500}
 \end{array}$$

Examples	Total number of NC Employees ²	Per Employee Membership Rate	\$100 for each NC facility (5 max) ²	Your Annual Membership Investment
	25	\$20	2	\$1000
	250	\$20	4	\$5,400
	1,000	\$20	15	\$8,500

²The average total number of employees on your payroll for the previous 12 months, including regular, part-time, temporary and seasonal employees, who work anywhere in North Carolina. Minimum billing at 40 employees and maximum of 400 employees.

Billing Information

Name of person to receive invoices Address (if different from main)

Email Phone

Method of Payment (Must choose one)*

Check enclosed

Charge my dues to: MasterCard Visa Amex Amount to be charged: _____

Name on Card Card # Expiration Date Security Code

Membership Authorized by*

Name
Title
Signature

I hereby make application for membership in CAI and agree to observe the following policies: CAI materials, information and services provided through membership are proprietary, for individual member company use with their staff, and are not to be used commercially. Any other use of CAI materials is prohibited without the explicit written consent of CAI. Membership is subject to approval and is effective when the completed application and payment is received by CAI. Dues are payable promptly upon joining and invoiced annually thereafter at the rate established each year by the Board of Directors of CAI. Cancellations must be received in writing by CAI.