



# U.S. Agency Member Application and Agreement

*For collection & related companies • 2012*

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This application is for businesses and firms located in the 50 United States that are performing services related to the collection industry, including but not limited to third-party consumer debt collection, billing and asset buying companies. Please note:

- If your company buys, sells, finances or facilitates asset sale transactions and does not collect debt, ask about direct membership in ACA's Asset Buyers Division.
- If your company is a supplier and does not collect debt, ask about membership in ACA's Affiliate (Vendor) Division.
- If you collect only for your own company and not for other businesses, ask about ACA's Creditors International (CI) Division, which offers membership for professionals in credit management and lending.

## **ACA membership by location**

- Each office wanting ACA member benefits (access to the members-only website including compliance resources; business discounts; training for employees; insurance, bonds and licensing service; mailed publications; and more) must complete an application and pay dues.
- This is a joint application for dual membership in ACA and the affiliated state/regional association (unit) serving your area. Agency membership is a combined package of national and unit benefits. Units consist of one or more states and are your local source for information, education, networking, legislative advocacy and more.
- Multi-office discounts may be available for companies holding memberships for 50 percent or more of their locations. Please contact us for more information about the benefits of multi-office membership.

## **Apply at any time**

- ACA's membership year is Jan. 1 – Dec. 31. If you apply mid-year, you still pay full annual dues. If a prorated credit applies when your membership is made effective, it will be reflected on your next year's renewal statement.

## **ACA's governing documents**

- Applicants and members agree to abide by the ACA International and Unit Bylaws, Standard Operating Procedures, Policies and Procedures, Code of Ethics and Code of Operations, and Procedural Rules for the Ethics Committee. Copies of the ACA International Code of Ethics and Code of Operations are included at the end of this application. All other ACA documents are available for review at <http://www.acainternational.org>, select "About ACA" and "Leadership & Governance."

## **Questions?**

- ACA's Membership Department is happy to answer your questions about ACA member benefits or the application process. Contact us at (952) 926-6547 or [membership@acainternational.org](mailto:membership@acainternational.org).

## Checklist for submitting your application

- Complete, print and initial all pages. Sign the member application and agreement where indicated. The person who initials and signs the application must be a controlling principal with the authority to bind the applicant to the terms and conditions of this U.S. Agency Member Application and Agreement. (See Section I on page 10.)
- Include copy or equivalent documentation of Letter of Good Standing issued by your Secretary of State in last 90 days. (See Section B, item 3 on page 4.)
- Include a copy or indicate status of the Collection Agency License issued by your state licensing authority (if applicable). (See Section B, item 4 on page 4.)
- ACA accepts Visa, MasterCard and American Express. Enclose a check drawn from a U.S. bank in U.S. funds payable to ACA International for total (national + unit) dues. You may add your optional contribution to the ACA International Education Foundation to this amount.
- Applications paid by credit card may be faxed to (952) 915-3955 or scanned and e-mailed to [membership@acainternational.org](mailto:membership@acainternational.org). Receipt confirmation will be sent within one business day. If you don't receive confirmation, please resend or contact us at (952) 928-8000, ext. 206.
- Applications paid by check or credit card may be sent with supporting documents to:  
Membership Department  
ACA International  
4040 W 70th St.  
Minneapolis, MN 55435-4104

## How information in this application is used by ACA and its affiliated units

For companies in the United States, membership is required in both the state (or multi-state) association (unit) serving your geographic area and ACA International, unless unit membership is not available for your type of company.

The information you provide in this application will be used by the unit's staff and/or volunteers in official leadership capacities, as well as by ACA International, to determine your company's eligibility for membership and to provide you with benefits and services.

ACA International will confirm your application is complete when forwarding it to the unit in which you are seeking membership. The unit has up to 45 days to complete its review process.



# U.S. Agency Member Application and Agreement

*Please notify ACA International if any of the information you provide changes after submitting this application*

ACA USE ONLY ID# _____
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## Section A: Applicant (Company) Information

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- 1. Date of application** \_\_\_\_\_
- 2. Company name:** *The name applicant wants used in ACA membership record and directory; must be a documented d/b/a.*  
\_\_\_\_\_  
**Company legal name:** *The name under which applicant is incorporated or organized.*  
\_\_\_\_\_
- 3. Physical location address:** *The street address where applicant is physically located; the "ship to" address used by delivery services*  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ + \_\_\_\_\_
- 4. Preferred mailing address or P.O. Box:** *The address at which applicant wants to receive mail from ACA, if different than physical location address.* \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ + \_\_\_\_\_
- 5. Company phone** (\_\_\_\_\_) \_\_\_\_\_
- 6. Company fax** (\_\_\_\_\_) \_\_\_\_\_
- 7. Company website** \_\_\_\_\_
- 8. Sponsor.** *Optional. ACA would like to thank the unit/ACA member most responsible for your decision to apply for agency membership.*  
Print name \_\_\_\_\_  
Company name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

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## Section B: Business Verification

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**1. Type of Company – Check one:**

- Corporation
- Limited Liability Company (LLC)
- Partnership: LLP, LP or GP
- Sole Proprietor

**2. a) Employer Identification Number (EIN)/Federal Tax ID:** \_\_\_\_\_ **State:** \_\_\_\_\_

**b) Year company was established under EIN above:** \_\_\_\_\_

**3. For your application to be complete, you must submit a Letter of Good Standing/Certificate of Existence.**

Submit proof that your business is registered and in good standing with the state in which the applicant is physically located/ domiciled, dated within 90 days of the date of this application. Qualified documentation includes a screen print of official state website indicating active status or copy of a state-issued report, letter of good standing or certificate of existence.

- Copy of Letter of Good Standing or other documentation of active status is attached.**

–AND–

**4. For your application to be complete, you must also submit a Collection Agency License.**

If applicant is physically located in a state requiring a license to transact collection-related business, submit a copy of the Collection Agency License issued by the state licensing authority.

**Please note:** Applicants physically located in a.) Florida must submit copy of Collection Agency Registration on file with the Florida Department of Financial Services; b.) New York and collecting from consumers in New York City and Buffalo, N.Y., must submit copies of the licenses on file in those cities; c.) Michigan or Texas must submit copy of collection agency bond on file with the state; d.) New Jersey must submit copy of the certificate showing a bond has been registered with the State of New Jersey; e.) Nevada must print name of person on manager's certificate here: \_\_\_\_\_

**Please check appropriate box:**

- Applicant is taking steps to secure Collection Agency License/Registration or bond paperwork/registration.**
- Copy of approved Collection Agency License/Registration or bond paperwork/registration is attached.**
- Applicant is located in State of \_\_\_\_\_ which does not require a license/registration or bond paperwork.**

Please note: For purposes of this application, ACA requires licensing documentation for physical location only. However, additional licensing and/or other state requirements must be met prior to collecting from consumers residing in states that require licensing and in the cities of Buffalo, N.Y., and New York City.

ACA International's Risk Management Department offers services to assist in the completion of state applications to fulfill state licensing and bond requirements. There are fees associated with this service. You are under no obligation to use ACA's services. These services are available to all agency members as well as to pending members who have fulfilled all other requirements of membership. For more information, contact ACA's Risk Management Department at (952) 926-6547.

**5. References.** Required. References are used by the affiliated units and may or may not be contacted. Client references are preferred. If business is new, most units accept other business or professional references.

a) Client Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ + \_\_\_\_\_

Contact name \_\_\_\_\_  Miss  Mr.  Mrs.  Ms.  Dr.

Contact Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

This is a:  Client Reference  Business Reference (see note above)

b) Client Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ + \_\_\_\_\_

Contact name \_\_\_\_\_  Miss  Mr.  Mrs.  Ms.  Dr.

Contact Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

This is a:  Client Reference  Business Reference (see note above)

c) Client Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ + \_\_\_\_\_

Contact name \_\_\_\_\_  Miss  Mr.  Mrs.  Ms.  Dr.

Contact Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

This is a:  Client Reference  Business Reference (see note above)

## Section C: Company Owners/Officers/Controlling Individuals

1. **List owners and officers.** List everyone who holds an interest of 10 percent or more in the applicant and what percentage they hold. Please ensure that at least 90 percent of ownership is identified. If owner is another corporation, list corporation name and percentage of ownership held. In addition, list the officers and other individuals who have day-to-day control, if different than the owner(s). If necessary or more convenient, attach separate sheet.

Print Name:	Please check all positions held. For owners, specify percentage.										
	Owners (List %)	President	CEO	COO	Vice President	Secretary	Treasurer	CFO	Director	Managing Manager/Member	Other position (specify):

2. **Do any owners hold ownership in any other ACA member company or location?**    No    Yes
3. **Have any of the owners or officers** been convicted of a crime or found liable in a civil action for actions or inactions that relate to credit or collection industry practices or procedures, including but not limited to: crimes related to the misuse of funds, client trust accounts, fraud, forgery, embezzlement, tax evasion, identity theft, or other theft or larceny within the past 10 years?
- No.
- Yes. Please state the name of the individual, the date, the nature of the proceeding and outcome.

## Section D: Size of Business

Dues are based on agency/company size (see Section H) and this is determined by a count of all individuals associated with the applicant/member location.

Size of Business must be greater than zero (0) and is to include all owners and officers, where each person counts as one (1). In addition, it includes all collectors, managers, support and other staff\*, where the hours of part-time personnel may be added together to determine a full-time equivalent (FTE) number. This FTE number added to the number of owners, officers and full-time personnel equals your total count. This count is referred to as “employees” in Section H.

\*Other staff includes, but is not limited to, staff working off-site but reporting to the member location; i.e., outside sales personnel, virtual support, etc.

1. **The current number of “employees” as defined above who work at or are associated with the applicant at this office location:** \_\_\_\_\_

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## Section E: Contact Person(s) for Unit/ACA Membership Benefits

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1. **Ethics Contact.** *Required. The on-site person applicant designates to receive, handle and respond to complaints (if any). This name will be included in your company's online member directory listing.*

Print name \_\_\_\_\_  Miss  Mr.  Mrs.  Ms.  Dr.

Position Title \_\_\_\_\_

Direct phone \_\_\_\_\_

Direct fax \_\_\_\_\_

Direct e-mail\* \_\_\_\_\_

2. **Main Contact.** *Required. The on-site person applicant designates as Unit/ACA primary contact to receive all Unit/ACA member mail, faxes and e-mail, and who can determine which Unit/ACA materials are best forwarded or routed to another individual in the company.*

Print name \_\_\_\_\_  Miss  Mr.  Mrs.  Ms.  Dr.

Position Title \_\_\_\_\_

Direct phone \_\_\_\_\_

Direct fax \_\_\_\_\_

Direct e-mail \_\_\_\_\_

3. **Main Contact Backup.** *Optional. The person applicant designates as also able to set up ACA website users/passwords for other employees at this location (if different than the main contact).*

Print name \_\_\_\_\_  Miss  Mr.  Mrs.  Ms.  Dr.

Position Title \_\_\_\_\_

Direct phone \_\_\_\_\_

Direct fax \_\_\_\_\_

Direct e-mail\* \_\_\_\_\_

4. **Preferred Billing Contact.** *Optional. The person applicant designates to receive Unit/ACA invoices including membership renewal statements (if different than the main contact).*

Print name \_\_\_\_\_  Miss  Mr.  Mrs.  Ms.  Dr.

Position Title \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ + \_\_\_\_\_

Direct phone \_\_\_\_\_

Direct fax \_\_\_\_\_

Direct e-mail\* \_\_\_\_\_

*\*E-mail addresses, if provided, must be unique to each individual.*

*ACA's database and website do not accept entry of a duplicate e-mail address already on file for another individual.*

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## Section F: ACA Online Member Directory

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Your company's listing in ACA's member directory at <http://www.acainternational.org/memberdirectory> is complimentary. So that we may set up an initial listing for you, please answer the questions below.

1. List applicant in ACA Online Member Directory?  Yes  No

2. If yes, under what company name: \_\_\_\_\_

3. If yes, contact person's name:

May be same or different than the main contact.

(Later, the main contact will be able to change or add directory contact information.)

*Please note:* Your listing will include an e-mail address if you provide it. The e-mail address will display only to ACA members logged in to the website. Member e-mails are not visible to the general public.

Directory contact name \_\_\_\_\_

Position title \_\_\_\_\_

Phone to list in directory \_\_\_\_\_

Fax to list in directory \_\_\_\_\_

E-mail to list in directory \_\_\_\_\_

As a member you are given five free descriptive lines to help others locate your company when searching the member directory by "categories." A form for adding these lines, along with information on how to add optional fee-based enhancements will be mailed at the time of approval. Available enhancements include preferred placement, logo inclusion, a company description, additional cities served or more descriptive lines.

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## Section G: ACPAC – ACA International Political Action Committee

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ACA International has an influential political action committee called ACPAC, which supports the association in furthering its legislative agenda. ACPAC is a member-driven organization that is dependent upon member support. Before ACPAC can share information or solicit contributions from agency/company members, corporate approval is necessary. Signing this section is optional.

Authorization is hereby given to ACPAC to solicit voluntary contributions from me and my company's executive personnel for the years indicated below. Authorization can be given to only one federal level political action committee affiliated with a trade association per calendar year. Signing this form does not obligate me or any of my company's executive personnel to contribute to ACPAC—it means only that we are willing to receive ACPAC materials. These authorizations expire on Dec. 31 of each year indicated. Contributions to ACPAC are not tax deductible.

2012 signature \_\_\_\_\_

2013 signature \_\_\_\_\_

**Section H: Membership Dues Statement/Invoice**



Please consider this your invoice for ACA International and unit membership dues.

**ACA International & Alabama Unit Dues 2012**

ACA dues current until Dec. 31, 2012

**ACA International Association Dues** ..... **\$ 300.00**  
(Base fee includes one owner/officer)

**Plus:** \$25.00 for each additional "employee" ..... x \$ 25.00 = \$ \_\_\_\_\_  
"Employee" is defined in Section D (# of employees minus one)

**Subtotal ACA Dues** \$ \_\_\_\_\_  
(max. \$2500.00)

**Alabama Unit Dues** ..... **\$ 170.00**

**Plus:** \_\_\_\_\_ x \$ 5.00 ..... = \$ \_\_\_\_\_  
(# of employees) (no maximum)

**Plus:** Annual convention fee ..... \$ 25.00

**Plus:** One-time legislative assessment ..... \$ 100.00

**Plus:** One-time investigation fee ..... \$ 125.00

**Subtotal Alabama Dues** \$ \_\_\_\_\_

**ACA Plus Alabama Dues = Total Dues** \$ \_\_\_\_\_

**ACA International Education Foundation\* Contribution** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Select Payment Option:**

Payment Enclosed. Make check for total amount due to: ACA International

Charge to credit card:  Visa  MasterCard  American Express

Print name as it appears on the card \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Membership dues or fees paid to ACA International and its affiliated units are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses, subject to restrictions imposed as a result of an association's lobbying activities. ACA International estimates that the nondeductible portion of the national association dues—the portion allocable to lobbying—is 30 percent. The Alabama Unit estimates that the nondeductible portion of your unit dues is 13 percent.

\*The ACA International Education Foundation (ACAIEF) is a non-profit, public educational foundation dedicated to increasing financial literacy in the United States and to supporting research, job training and educational programs in related areas. In addition, the Foundation offers ACAIEF Scholarships to advance the higher education of people employed in the credit and collection industry, and their dependent children. Donations to ACAIEF are 100 percent tax deductible as a charitable contribution.

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## Section I: Membership Agreement and Signature

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**The undersigned, on behalf of the applicant and its employees, agrees:**

1. To be bound by the ACA International and Unit Bylaws, Standard Operating Procedures, Policies and Procedures, Code of Ethics and Code of Operations, and Procedural Rules for the Ethics Committee, as these governing documents currently exist or as they may be amended by the Association(s). By signing below, I further represent I have reviewed these documents and understand their content.
2. Once membership is approved, ACA and Unit membership dues and fees are not refundable. Unit application or processing fees (if any) are not refundable at any time.
3. The applicant has satisfied or is in the process of satisfying all applicable state licensing and regulatory requirements as they relate to applicant's business.
4. To notify ACA International if any of the information provided in this application changes after it is submitted and before it is approved. I understand that if any of the information provided becomes obsolete or inaccurate, the membership application process may be delayed and/or the application may be rejected.
5. Once membership is approved, to notify ACA International of any changes in Sections A or E to ensure uninterrupted access to membership benefits.
6. Once membership is approved, to notify ACA International of any changes in Section B (items 1-3) or Section C (all items) within 60 days of such change. I understand that failure to notify ACA International of these changes may threaten our company's status as a member in good standing or cause the membership to be terminated.

**Further, by signing below I certify on behalf of the applicant, myself and all individuals identified in this application, that:**

1. The applicant is engaged in or performs services substantially related to the collection industry as described in the first paragraph on page one.
2. The dues payment submitted with this application accurately reflects the number of "full-time equivalent employees" (as defined in Section D) working for the applicant at this office location.
3. All statements and information provided in this application are true. I have verified the accuracy of the statements and information with each individual referenced in this application.
4. I have read and initialed each page of this application. I have the authority to sign this application and bind the applicant to its terms and conditions.

**Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Percentage ownership** \_\_\_\_\_

**Company address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP code** \_\_\_\_\_ + \_\_\_\_\_

**Home or cell phone** \_\_\_\_\_

**Date** \_\_\_\_\_

**Return completed application to ACA Membership Department at address, fax or e-mail on page 2.**