



MEMBERSHIP CLASS CHANGE APPLICATION

CHECK THE CLASS OF MEMBERSHIP YOU ARE REQUESTING:

General Member:

A General Member shall possess and/or be in control by either direct ownership (title), lease or right-to use, resort inventory for the purpose of exchange, direct trade, rental, or wholesale. The General Member shall have voting rights in the affairs of C.A.R.E. as set forth in the by-laws of C.A.R.E.

Associate Member:

An Associate Member does not possess nor control use of resort inventory but is seeking membership in C.A.R.E. as a means of business enhancement. The Associate Member does not have voting rights in the affairs of C.A.R.E.

CLASS CHANGE FEE: \$100.00

THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL DESIGNATED AS THE MEMBER RESPONSIBLE PARTY ASSOCIATED WITH THIS APPLICATION. APPLICABLE FEES MUST BE RECEIVED AT TIME OF APPLICATION.

I/We hereby make application for a C.A.R.E. Membership Class Change in the Cooperative Association of Resort Exchangers, Inc. I/We understand that this application is subject to the approval of the Board of Directors. I/We understand that notice regarding our application will be provided within 30 days of the date of this application upon receipt of complete information. I/We understand the names and business information stated herein will appear in the C.A.R.E. Online Directory. I, the undersigned designated Member Responsible Party, certify that I have the right to make application into C.A.R.E. on behalf of the resorts and/or businesses stated.

BY SIGNING THIS APPLICATION AS THE MEMBER RESPONSIBLE PARTY, I REPRESENT THAT I HAVE READ AND HAVE FULL UNDERSTANDING AND AGREEMENT TO ABIDE BY THE C.A.R.E. BY-LAWS AND THE CODE OF STANDARDS AND ETHICS. The complete C.A.R.E. Code of Standards and Ethics can be found online at www.care-online.org under "Membership Information".

[TO VIEW CODE CLICK HERE](#)

Signature _____

Printed Name _____

Date _____

PAYMENT PROCESSING:

Payment must be received at time of application, but is not processed until membership is approved.

Check: _____

Wire Transfer: E-mail info@care-online.org for wire instructions

Credit Card: AMEX__ Visa__ MasterCard__

Card Number: _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

X _____
Name as it appears on credit card

X _____
Signature

APPLICANT INFORMATION:

(Complete information on both pages of this application)

Company Name (as listed in the official records of C.A.R.E.) _____

Mailing Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Telephone _____ Fax _____ Web Address _____

Responsible Party Name _____ Title _____

E-Mail Address _____

Authorized Member Representative Name (General Members only) _____ Title _____

E-Mail Address _____

BUSINESS INFORMATION:

Business is: Corporation _____ Proprietorship _____ LLC _____

Other (please explain): _____

Start date of Business: _____ State/Country in which Business was Incorporated: _____

Business Principals: Owner: _____ CEO: _____

President: _____ COO: _____

Tax ID or FEI# _____

What is the nature of the business of this company? (check all that apply):

Resort Developer _____ Exchange Company (Cruise and/or Resort) _____

Membership Travel Club _____ Resale Company _____

Rental Company _____ Wholesaler of Inventory _____

Property Management _____ Travel Agency _____ POA or HOA _____

Certificates/Incentives _____ Service Provider _____ (If yes, what service (s) does your company provide?: _____)

PROVIDE A BRIEF DESCRIPTION OF THE COMPANY BUSINESS (25 words or less):

PRIMARY CONTACTS:

1) _____
Name _____ Title _____

Phone _____ E-mail _____

2) _____
Name _____ Title _____

Phone _____ E-mail _____

3) _____
Name _____ Title _____

Phone _____ E-mail _____

ADDITIONAL INFORMATION REQUIRED ON PAGE TWO

SEND APPLICATION AND PAYMENT TO:

C.A.R.E.
P.O. Box 2803
Harrisonburg, VA 22801
Fax: 713-814-8527
E-Mail: info@care-online.org

