



MEMBERSHIP REINSTATEMENT APPLICATION

CHECK ONE:

General Member Application:

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 Application:

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.

MEMBERSHIP REINSTATEMENT FEES

General Member: \$600.00

Associate Member: \$600.00

Affiliate Fee: \$75.00

*Includes one-time processing fee of \$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 Membership 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."

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: _____

Name as it appears on credit card _____

Signature _____

APPLICANT INFORMATION:

(Complete information on both pages of this application)

Company Name _____

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# _____

ADDITIONAL BUSINESS INFORMATION:

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?: _____)

Other (Please Explain): _____

If receiving inventory from other C.A.R.E. members, how will the inventory be utilized? (check all that apply):

Owner/Member Rentals _____ Owner/Member Exchanges _____

Public Rentals _____ Travel Agency Rentals _____

Three Way Exchanges (received from another company and sold or exchanged to you or another company) _____ Wholesale _____ Other (Please Explain) _____

Not Applicable- Will not receive inventory from C.A.R.E. Member Companies _____

Each and every C.A.R.E. General and Associate Member agrees to issue written confirmations and to be financially responsible for providing comparable accommodations should such confirmed and reserved accommodations be rendered impossible to honor.

INDUSTRY AFFILIATIONS:

List any other organizations of which your company is a member (i.e. ARDA, CVOA, TATOC, NTOA, RDO, AMDETUR, ARDA-WIN, BBB, etc..)

TO COMPLETE APPLICATION, CONTINUE TO PAGE 2

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

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

CONTACT HISTORY:

Has any individual in an ownership or management position with the applying company been previously affiliated with any other company that is now, or ever has been, a member of C.A.R.E.?

Previous Company Name	Contact Name	Position with Previous Company
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AFFILIATES: List below the name of any company or entity owned or controlled by the Member Company that shares the same federal tax identification number as the member company. Recognition is subject to approval by the C.A.R.E. Board of Directors and receipt of the \$75.00 registration fee. The Responsible Party of the applying membership company is responsible for any ethics violations of affiliate companies. Companies approved as affiliates do not have C.A.R.E. voting rights.

1)	Company name	Address	Phone
	Nature of Business		
2)	Company name	Address	Phone
	Nature of Business		

PRODUCTS: List below the products sold by applying membership company. A product is an item that is sold or serviced by a Member or Affiliate Company. A product does not conduct business.

1) _____ 2) _____

GENERAL MEMBER COMPANY INFORMATION: (Complete only if applying for C.A.R.E. General Membership)

Lodging inventory comes from the following sources:

Unsold Developer Inventory: _____ Owner/Member Deposits: _____ Rental Listings: _____ Leased Inventory: _____
Purchased/Owned Inventory: _____ Other: _____

The lodging inventory controlled by the applying company will be offered to other C.A.R.E. members for:

Wholesale: _____ Exchange: _____ Both Wholesale and Exchange: _____

List the inventory you own or control.

SPECIFIC RESORT NAMES AND AREAS MUST BE NOTED for reference on C.A.R.E.'s Online Directory.

Resort Name	Area	Resort Name	Area
Resort Name	Area	Resort Name	Area
Resort Name	Area	Resort Name	Area
Resort Name	Area	Resort Name	Area
Resort Name	Area	Resort Name	Area
Resort Name	Area	Resort Name	Area