



Joining Forces to Deliver Outstanding Vacation Services

Cooperative Association of Resort Exchangers, Inc.

### APPLICATION FOR AFFILIATE COMPANY REGISTRATION

**A C.A.R.E. Member Company (General or Associate) may request approval by the C.A.R.E. Board of Directors to represent Affiliate Company (ies) as member affiliates of C.A.R.E. provided the Member Company completes and submits the Application for Affiliate Company Registration for approval. An "Affiliate" is defined as any company or entity owned and controlled by the Member Company and shares the same Federal Tax Identification as the Member Company. The Responsible Party of the Member Company shall be responsible for any ethics violations of its Affiliate company (ies), Affiliate companies or entities do not have C.A.R.E. voting rights.**

COMPANY NAME (as it is listed on the official records of C.A.R.E.):

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WEB SITE ADDRESS: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**C.A.R.E. MEMBER RESPONSIBLE PARTY:**

(The individual designated as being the person RESPONSIBLE FOR ALL ACTIONS OF C.A.R.E. MEMBER COMPANY)

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address City State/Province Zip/Mail Code

\_\_\_\_\_  
Phone E-Mail

C.A.R.E. AUTHORIZED MEMBER REPRESENTATIVE: (The individual gainfully employed by General Member and designated to exercise all the voting rights of the General Member.)

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address City State/Province Zip/Mail Code

\_\_\_\_\_  
Phone E-Mail

**PRIMARY CONTACTS:** List below the names of the primary contacts who will conduct daily business.

1. \_\_\_\_\_  
Name Title Phone E-Mail

2. \_\_\_\_\_  
Name Title Phone E-Mail

3. \_\_\_\_\_  
Name Title Phone E-Mail

**Please provide a brief description of the company business (25 WORDS OR LESS):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List below C.A.R.E. Member Company AFFILIATE(s) requesting recognition as a C.A.R.E. Member Company Affiliate.**

AFFILIATE NAME: \_\_\_\_\_ Company Address: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**PRIMARY CONTACT:** List below the names of the primary contact who will conduct daily business.

1. \_\_\_\_\_  
Name Title Phone E-Mail

2. AFFILIATE NAME: \_\_\_\_\_  
Company Address: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**PRIMARY CONTACT:** List below the names of the primary contact who will conduct daily business.

1. \_\_\_\_\_  
Name Title Phone E-Mail

3. AFFILIATE NAME: \_\_\_\_\_  
Company Address: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**PRIMARY CONTACT:** List below the names of the primary contact who will conduct daily business.

1. \_\_\_\_\_  
Name Title Phone E-Mail

4. AFFILIATE NAME: \_\_\_\_\_  
Company Address: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

**PRIMARY CONTACT:** List below the names of the primary contact who will conduct daily business.

1. \_\_\_\_\_  
Name Title Phone E-Mail

**LIST BELOW THE PRODUCTS SOLD BY MEMBERSHIP OR AFFILIATE COMPANIES: (A product is an item that is sold or serviced by a Member or Affiliate company. A product does not conduct business.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**THIS APPLICATION FOR REGISTRATION OF AFFILIATE COMPANY(S) MUST BE SIGNED BY THE INDIVIDUAL DESIGNATED AS THE MEMBER RESPONSIBLE PARTY AS STATED IN THIS APPLICATION.**

I/We hereby request registration of the above referenced affiliate(s) to be included under our original C o o p e r a t i v e Association of Resort Exchangers, Inc. membership application. I/We understand that this application for membership is subject to the approval of the Board of Directors of C.A.R.E. which has the sole discretion concerning the acceptance or rejection of the application. I/We understand that notice regarding our application will be provided within 30 business days of the date of this application so long as information provided is complete. 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 affiliates stated above. By signing this application as the Member Responsible Party, I represent full understanding and agreement to abide by the C.A.R.E. By-Laws and the Code of Standards and Ethics (Revised 2011).

**Executed by the C.A.R.E. Member Responsible Party**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**C.A.R.E. APPLICATION FEES/DUES: Based on calendar year and must be in U.S. Funds drawn on a U.S. Bank**

- \$75.00- Each Affiliate Company Registration

**Affiliate Company Registration applications will be considered upon receipt of:**

- COMPLETED APPLICATION
- SIGNED CODE OF STANDARDS AND ETHICS (REVISED 2011)
- APPLICATION FEES/DUES

**Mail or Fax Membership Application to:**

C.A.R.E.  
P.O. Box 2803  
Harrisonburg, VA 22801  
Fax: 703-814-8527

**PAYMENT PROCESSING:**

Cash/Check: \_\_\_\_\_ Total Amount Enclosed: \_\_\_\_\_

Wire Transfer: For instructions contact Administrative Assistant at 800-636-5646 or 540-434-4280

Credit Card: \_\_\_\_\_  
American Express: \_\_\_\_\_ MasterCard: \_\_\_\_\_ Visa: \_\_\_\_\_

Name (as it appears on credit card): \_\_\_\_\_

Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_  
City State/Province Zip or Postal Code

\_\_\_\_\_  
Country

**C.A.R.E. USE ONLY**

**GENERAL MEMBER**  
\_\_\_\_\_  
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

**ASSOCIATE MEMBER**  
\_\_\_\_\_  
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

**PAYMENT METHOD: CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ WIRE TRANSFER \_\_\_\_\_**