

# Commercial Collection Agencies of America, Inc. Affiliate Member Dues Information

Complete the form below and mail with your check or credit card information to:

**Commercial Collection Agencies of America, Inc.**  
**P.O. Box 1695**  
**Arlington Heights, IL 60006**

OR email the form to [awaggoner@commercialcollectionagenciesofamerica.com](mailto:awaggoner@commercialcollectionagenciesofamerica.com)

**In 2023,** \_\_\_\_\_ **(name of law firm) would like to become:** \_\_\_\_\_

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A <b>Premier Attorney</b> member; enclosed or attached is my firm's payment in the amount of \$5,000 |
| <input type="checkbox"/> | A <b>Patron Attorney</b> member; enclosed or attached is my firm's payment in the amount of \$1,295  |
| <input type="checkbox"/> | A <b>Standard Attorney</b> member; enclosed or attached is my firm's payment in the amount of \$595  |

Is Your Firm Current Listed on a Law List(s)? If so, please advise which lists below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate by signing below that your firm qualifies according to the membership criteria as described below from Commercial Collection Agencies of America By-Laws, Section I (d)

**Affiliate Member:** Any creditors rights' attorney, bankruptcy attorney, or member of the Association of Law List Publishers. Members may qualify in only one category of membership. Entities that practice or promote themselves as providing services that fall in the categories of both Collection Agency Members and Affiliate Members are not eligible for membership. It is further defined that a commercial collection Agency is an entity that holds one or more collection agency licenses in the United States. A law firm is an entity that operates in a state or states and has at least one member that has passed the Bar in that state or states in which they practice.

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

\_\_\_\_\_ Check enclosed

Card Type: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. date: \_\_\_\_\_ Code \_\_\_\_\_

Amount: (circle one)      \$ 5,000.00      \$1,295      \$595

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_