

MEMBERSHIP APPLICATION

Company Name	Address:
Type of organization	Level of engagement / Dues amount
(see dues schedule):	(see dues schedule):
Representative	Contact to receive invoice for dues:
Name:	Name:
Telephone:	Telephone:
Mobile:	Mobile:
Email:	Email:
 Protocol regarding Publications an b. Antitrust Compliance Policy c. Conflict of Interest Policy d. Equal Opportunity and Anti-Harass e. Confidentiality of Corporation Affa 	sment Policy
competition and for mortgage hold conduct its organization's business Governance and its Legislative Con B. Temperament to collaborate in up harassment or threats to resolve d	Guiding Principles, including CPA's support for open-market der consent on C-PACE transactions, though a Member may as it determines is in its own best interests. Members of CPA nmittees are expected to follow CPA policies and practices. holding CPA's Guiding Principles and not having resorted to isagreements. business practices that do not damage CPA's public reputation
MEMBERSHIP APPLICATIONS ARE REVIEW ANY DISPUTES WILL BE SUBMITTED FOR B	VED BY C-PACE ALLIANCE GOVERNANCE FOR ACCEPTANCE. SINDING ARBITRATION.
Signed:	Date:
Printed Name:	Title: