



## Accredited Community Management Business (ACMB) Criteria for Application

1. The applicant business must be a CACM Management Business member in good standing.
2. The applicant business must have experience providing the services of community association management for a minimum of three years.
3. The applicant business must provide evidence of and maintain all necessary insurance coverage in amounts sufficient to protect the interests of the applicant business's clients, including, but not limited to, general liability, fidelity insurance protecting the client's funds and workers' compensation. In addition, the applicant business must provide evidence of and maintain an errors and omissions insurance policy in an amount not less than \$1,000,000.
4. The applicant business may engage a CPA business that provides service to any of the management business's clients to conduct an independent review of the applicant business's financial controls, based on the CACM approved internal control questionnaire, every five years. The applicant business may not engage their corporate CPA. A letter from the approved CPA business indicating a passing score must be submitted to CACM. The cost of said review shall be borne by the applicant business, unless the business holds a CACM Business Plus membership.
5. The applicant business must have one CCAM, CAFM, CAMEX, or MCAM in good standing in an Executive or supervisory position for no less than six months who directs and supervises the applicant business's community association management operations and signs the CACM Code of Professional Ethics and Standards of Practice as the responsible party. Such position must be verified by the applicant business' organizational chart. Further, each branch and/or regional office must also be supervised by a CCAM, CAFM, CAMEX, or MCAM in accordance with the provisions stated above.
6. The applicant business (providing full service management) must provide evidence that each community association manager in the employ of said business is a candidate for the CCAM designation, and must complete the certification program requirements within two years of becoming a CCAM candidate. Further, community association managers of the business must maintain the CCAM designation in good standing at all times for the applicant business to retain the ACMB designation. Applicant business is providing only financial services must have a CCAM, CAFM, CAMEX or MCAM in a supervisory position.
7. The applicant business must notify CACM if the applicant business has a name or ownership change between re-certification periods (every five years), by providing a letter of disclosure demonstrating the business's continued compliance with all requirements and a statement indicating no substantial changes in the business's operation have taken place. Upon renewal of the business's ACMB designation, the new entity must re-apply for the ACMB designation as a new applicant business.
8. The applicant business's CEO, officers and managers must adhere to and submit a signed CACM Management Business Code of Professional Ethics and Standards of Practice and comply with contractual standards equal to the CACM approved Sample Management Retainer.
9. The applicant business must supply a brief company history describing services offered and an organizational chart.
10. The applicant business must provide a letter of compliance indicating the applicant business's compliance with California Labor Code 6401.7 (Health & Safety).
11. The applicant business must provide a copy of the business license from the city where the applicant business's main place of business is located.
12. The applicant business agrees to pay an initial application fee of \$300 and an annual maintenance fee of \$150. Renewing businesses are not required to pay the application fee again. (*Excludes Business Plus Members*)

**California Association of Community Managers, Inc.<sup>SM</sup>**

23461 South Pointe Drive, Suite 200, Laguna Hills, CA 92653 | [certification@cacm.org](mailto:certification@cacm.org) | 949.916.2226 | [www.cacm.org](http://www.cacm.org)

# APPLICATION: ACCREDITED COMMUNITY MANAGEMENT BUSINESS (ACMB)

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|   |    |  |   |                               |
|---|----|--|---|-------------------------------|
| Applicant Business Name   |    | Applicant Business Phone   |   |                               |
| Applicant Business Main Contact   |    | Applicant Business Main Contact Email  |   |                               |
| Applicant Business Address  |    | City   | State   | Zip                           |
| What type of Business Membership does your company hold with CACM? <input type="checkbox"/> Start Up <input type="checkbox"/> Business <input type="checkbox"/> Business Plus<br>How long have you held this business membership? <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3 or more years   |    |  |   |                               |
| Please list company executives who direct/supervise community association management operations. Please also attach organizational chart.   |    |  |   |                               |
| Executive First Name  |    | Executive Last Name  |   | Years of employment           |
| Location  |    |  |   |                               |
| 1.  |    |  |   |                               |
| 2.  |    |  |   |                               |
| 3.  |    |  |   |                               |
| 4.  |    |  |   |                               |
| Yes   | No |  |   |                               |
|   |    | Has your business ever been involved in a reorganization for the benefit of creditors or in bankruptcy proceedings as a debtor?  |   |                               |
|   |    | Has your business or its designated Executive/supervisor ever been involved in either civil or criminal legal proceedings as a defendant in which there were allegations of fraud, misrepresentation or misappropriation of funds or property, etc.? |   |                               |
|   |    | Has your business ever been refused bonding, fidelity or crime insurance, or had any such coverage cancelled?  |   |                               |
|   |    | Has your business or its designated Executive/supervisor ever been subject to disciplinary action by CACM or any other professional association?   |   |                               |
|   |    | Has your business ever had any professional license suspended or revoked or otherwise been subject to disciplinary action?   |   |                               |
| If you answered "yes" to any of the questions above, please attach a detailed, written explanation.   |    |  |   |                               |
| Type(s) of Management Services <input type="checkbox"/> Community Management <input type="checkbox"/> Financial Management <input type="checkbox"/> Full Service Management   |    |  |   |                               |
| Type(s) of Properties Managed <input type="checkbox"/> Condos/Townhomes <input type="checkbox"/> Large Scale <input type="checkbox"/> Mixed Use <input type="checkbox"/> Single Family <input type="checkbox"/> Commercial  |    |  |   |                               |
| Number of Units Served <input type="checkbox"/> 20 or less <input type="checkbox"/> 21-100 <input type="checkbox"/> 100-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> 1001-2000 <input type="checkbox"/> 2001+   |    |  |   |                               |
| Southern CA Region(s) Served <input type="checkbox"/> Orange County <input type="checkbox"/> Coachella Valley <input type="checkbox"/> Inland Valley <input type="checkbox"/> Ventura<br><input type="checkbox"/> San Diego <input type="checkbox"/> Los Angeles <input type="checkbox"/> Inland Empire   |    |  |   |                               |
| Northern CA Region(s) Served <input type="checkbox"/> San Francisco <input type="checkbox"/> Central Coast <input type="checkbox"/> Napa Valley <input type="checkbox"/> Sacramento Valley<br><input type="checkbox"/> East Bay <input type="checkbox"/> Central Valley <input type="checkbox"/> Olympic Valley   |    |  |   |                               |
| OUTSIDE CA <input type="checkbox"/> <i>Please specify</i> _____   |    |  |   |                               |
| Name of CPA business handling review  |    |  | CPA business address  |                               |
| CPA business main contact   |    | CPA business phone   |   | Date CPA review was completed |
| <b>PLEASE CHECK EACH DOCUMENT ATTACHED WITH THIS APPLICATION</b>  |    |  |   |                               |
| <input type="checkbox"/> CPA passing score letter<br><input type="checkbox"/> All required certificates of insurance<br><input type="checkbox"/> Brief company history describing services offered<br><input type="checkbox"/> Organizational chart<br><input type="checkbox"/> Signed CACM Code of Professional Ethics and Standards of Practice and Standards of Practice |    |  | <input type="checkbox"/> Statement of compliance with sample management retainer standards<br><input type="checkbox"/> Letter of compliance for CA Labor Code 6401.7<br><input type="checkbox"/> List of all owners, officers, employees including name, title, email, date of hire, and CACM individual membership status & Certification status (Example; "In Process", or CCAM, or CAFM, or CAMEX or MCAM) |                               |

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## ACMB Application

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This application is submitted to CACM with the understanding that:

1. The information provided will be used to assist CACM in reviewing the applicant business's eligibility for ACMB status.
2. Additional information that may be required by CACM shall be supplied promptly upon request.
3. The applicant business agrees to comply with contractual standards equal to the CACM approved Sample Management Retainer.
4. The information provided is complete and correct to the best of the applicant business's knowledge.
5. The information will be considered confidential, except as may be required to process and approve the application.
6. There are no actions charged against the applicant business or challenges to the applicant business's responsibility, character or integrity.
7. Any information or comment furnished to CACM by any person or response to an invitation to provide information shall be conclusive, deemed to be privileged, and not form the basis of any action to the application for slander, libel or defamation or character. CACM reserves the right to document all information contained herein.
8. The applicant business agrees to waive any and all claims against CACM, its officers, directors, employees, agents, attorneys and members arising out of any act or omission in connection with the consideration, rejection or acceptance of this application, or any act or omission by CACM disappointing the applicant business if the application is not approved, including any suspension or expulsion of the applicant business as an ACMB program applicant business.
9. The applicant business wholeheartedly subscribes to the official CACM Management Business Code of Professional Ethics and Standards of Practice.
10. The applicant business understands his/her responsibility to provide CACM with the current place of business and any change thereto.
11. The applicant business understands and agrees to permit CACM to review this application and any attachments thereto or subsequent information submitted or obtained related thereto, and investigate any portions thereof as it may deem necessary.
12. The applicant business agrees to provide a letter of disclosure regarding any ownership changes and understands CACM may revoke ACMB status if all criteria are not met.
13. In addition to the foregoing, each member shall have the duty and responsibility to arbitrate controversies arising out of management contracts and the community association management business with any and all forms of associations as specified in the Management Business Code of Professional Ethics and Standards of Practice.

Applicant Signature

Date

*Signature of business representative verifies the accuracy of this application and acknowledges the applicant business has read the rules and regulations stated above and authorizes CACM and/or its agents to verify all items listed above.*

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# Accredited Community Management Business (ACMB) Fee Form

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|   |   |
|---|---|
| <b>ACMB Accreditation Fee Total Due</b> | <input type="checkbox"/> Member<br><b>\$300</b> |
|---|---|

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
| Applicant First Name  | Applicant Middle Initial              | Applicant Last Name                 |
| Applicant Business or Association Name                                |                                       |                                     |
| Business Address  |                                       |                                     |
| Business City   | Business State                        | Zip Code                            |
| Business Phone #  | Business Email:                       |                                     |
| Total Amount Due:   | <input type="checkbox"/> <b>\$300</b> |                                     |
| <input type="checkbox"/> Check Enclosed (do not staple check to form) |                                       |                                     |
| <input type="checkbox"/> Amex   | <input type="checkbox"/> Discover     | <input type="checkbox"/> MasterCard |
|   |                                       | <input type="checkbox"/> Visa       |
| Card Number:  |                                       | Expiration Date:                    |
| CVV Number:   | Billing Zip Code:                     |                                     |
| Cardholder Name:  |                                       |                                     |
| Signature (required):   |                                       |                                     |
| <input type="checkbox"/> Please email receipt to:                     |                                       |                                     |

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CACM Code of Professional Ethics and  
Standards of Practice and Standards of Practice  
**Signature Page Only**

**AMENDMENT**

The CACM Code of Professional Ethics and Standards of Practice supersedes and replaces all prior versions and shall have prospective as well as retroactive effect from the inception date of CACM to the date of subsequent modification or termination. This CACM Code of Professional Ethics and Standards of Practice and Standards of Practice may be amended from time to time by vote of a majority of the Board of Directors cast at a duly constituted meeting. The current version is available on CACM's website.

**The signatory below agrees that he or she has read through the complete Code of Professional Ethics and Standards of Practice of the California Association of Community Managers, will abide by its code, which may be duly amended from time to time; and will be subject to procedures for compliance and/or disciplinary action.**

\_\_\_\_\_  
MANAGEMENT COMPANY

\_\_\_\_\_  
SIGNATURE OF CORPORATE OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE OF SUPERVISING CCAM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS