



Annual Membership \$150 September 1, 2011 - August 31, 2012

MEMBERSHIP APPLICATION FORM



CERTIFIED ACCESS SPECIALIST INSTITUTE

Join or renew online! Go to www.CASInstitute.org and click "Become A Member" to join or click "Members" to renew. To renew by mail fill out this Application and send it with payment to the CASI address below.

New Membership

Membership Renewal

MEMBER INFORMATION

Please complete the information below. This information will be posted on the website for public viewing.

Name: _____ CASp Certification #: _____

Firm or Agency Name: _____

City / State / Zip: _____ County: _____

Email: _____ Alternate Email: _____

Phone: _____ Alternate Phone: _____

Certifications / Professional Licenses / Affiliations: _____

Website: _____ Available for Inspections: Yes No

Please complete the information below. This information will be used only for CASI mailings and communication.

Address: _____ City / State / Zip: _____

Phone: _____ Email: _____

By signature below, I hereby acknowledge that I have read and understand the Code of Ethics and Bylaws of the Certified Access Specialist Institute posted on the CASI website. I agree to be held to the standards expressed in these documents. (To read these documents go to www.CASInstitute.org and click "Members".)

Signed: _____ Date: _____

CASI COMMITTEES

CASI committees are the core of our mission. Join a committee today!

For a synopsis of each committee visit us online at www.CASInstitute.org and click "Committees"

Professional Practice Public Outreach Member Outreach Professional Standards

PAYMENT

I have enclosed Check #: _____ in the amount of \$ _____

Please charge my MasterCard VISA Discover Card

Name as it appears on card _____

Card Number _____ CCV _____ Expiration Date _____

Billing Address: _____ City/State/Zip: _____