



ASSOCIATE MEMBERSHIP APPLICATION



CERTIFIED ACCESS SPECIALIST INSTITUTE

CASI Annual Membership runs from September 1 through August 31.
Beginning March 1 of each year, Annual Membership dues are prorated to \$60 to reflect that the membership year is half over.

***If you were an active CASI member in the 2019-2020 membership year, you do not qualify for the half-year pro-rated membership pricing.*

ASSOCIATE MEMBER ELIGIBILITY

Individual's not otherwise eligible for membership in the Institute who provide support for the ideals, goals and work of the Institute and who meet either of the following requirements shall be eligible for Associate Membership in the Institute:

- a. Individual Members: Those with established professional reputations who are registered to practice their professions where such requirements exist, or persons who are employed outside of CASp practice but are involved in positions associate to the field of construction related accessibility codes and regulations.
- b. Organizational Representatives: Those who are employed by firms associated with the construction industry engaged in research, design, development, testing, manufacture, distribution, inspection, or training in the fields of accessible building and construction products or systems.

MEMBER INFORMATION

Name: _____ Firm or Agency-Name: _____

Address: _____

City / State / Zip: _____ County: _____

Email: _____ Phone: _____

Certifications / Professional Licenses / Affiliations: _____

- * I am a/an
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Building owner/developer |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Facilities & property management |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Plan checker/inspector |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Other: _____ |

- ** I work for:
- | | |
|---|--|
| <input type="checkbox"/> Federal entity | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Public agency | <input type="checkbox"/> Not currently working |
| <input type="checkbox"/> Private (including not for profit) | <input type="checkbox"/> Other: _____ |

Website: _____

Please select all that applies below:

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: _____

PAYMENT: Annual Membership—\$120

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

Please charge my MasterCard VISA Discover Card American Express

Name as it appears on card _____

Card Number _____ CCV _____ Expiration Date _____

Billing Address: _____ City/State/Zip: _____