



Annual Membership \$150 September 1, 2020—August 31, 2021

PROFESSIONAL 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 \$75 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.

- Input boxes for New Membership and 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: _____

Please select all that applies below:

- * I am a/an: CASp Professional, Architect, Engineer, Designer, Attorney, Contractor, Building owner/developer, Facilities & property management, Plan checker/inspector, Advocate, Other

- ** I work for: Federal entity, Public agency, Private (including not for profit), Self-employed, Not currently working, Other

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—\$150

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: _____