



Annual Membership \$150 September 1, 2018—August 31, 2019

### REGULAR 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 2017-2018 membership year, you do not qualify for the half-year pro-rated membership pricing.*

- 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: \_\_\_\_\_

**Please select all that applies below:**

\*I am a/an:  CASp Professional  Architect  Contractor  Building Official  Manager  Owner  Other: \_\_\_\_\_

\*\* I work for:  Federal  State  County  City  Private  Self-employed  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](http://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](http://www.CASInstitute.org) and click "Committees"*

- Member Outreach
- Public Outreach
- Professional Practice & Standards
- Development & Resources
- Legislative

**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: \_\_\_\_\_