



CERTIFIED ACCESS SPECIALIST INSTITUTE

# GROUP MEMBERSHIP APPLICATION

September 1, 2022—August 31, 2023  
Annual

Professional Membership \$180 | Associate Membership \$150

*CASI Annual Membership runs from September 1 through August 31.*

Beginning March 1 of each year, Annual Membership dues are prorated to reflect that the membership year is half over.

*\*\*If you were an active CASI member in the 2021-2022 membership year, you do not qualify for the half-year pro-rated membership pricing.*

## GROUP MEMBERSHIP ELIGIBILITY

Jurisdictions and Companies who have at least **three (3) or more** employees interested in becoming a CASI Professional and/or Associate member is eligible for the discounted Group Membership in the Institute.

## MAIN CONTACT INFORMATION

Name: \_\_\_\_\_

Jurisdiction or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Website: \_\_\_\_\_ # of Employees Signing Up for Group Membership: \_\_\_\_\_

## MEMBER INFORMATION

Please complete the information for **each** member. As a reminder, each person will receive an email from CASI and is **required** to update their profile and information once this application is processed.

**MEMBER #1:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #2:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #3:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #4:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #5:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #6:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #7:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #8:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #9:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MEMBER #10:**  Professional Member—\$180 |  Associate Member—\$150  
 New Member |  Renewing Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT:**

Please confirm the total number of Professional and/or Associate members you are signing up and enter in the total amount below.

# of Professional Members—\$180 per person: \_\_\_\_\_ | # of Associate Members—\$150 per person: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

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

Please charge my:  MasterCard  VISA  Discover Card  AMEX

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_ CCV \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_