CASI Group Membership Application

Please fill out the form below for each new member.
Renewing members only need First/Last Name and Email Address

	First Name	Last Name	Email	Professional or Associate Membership	CASp #	Street Address	City	State	Postal Code	Phone	Certifications-Licenses	Accepts the CASI Code of Ethics
	Maggie	*Furrow*	*info@casinstitute.org*			*4747 N First Street, Suite 140*	*Fresno*	*CA*	*93726*	*866-888-9188*		*I Accept*
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