



GROUP MEMBERSHIP APPLICATION

September 1, 2021—August 31, 2022
Annual

Professional Membership \$130 | Associate Membership \$100

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.



CERTIFIED ACCESS SPECIALIST INSTITUTE

***If you were an active CASI member in the 2020-2021 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—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #2: Professional Member—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #3: Professional Member—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #4: Professional Member—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #5: Professional Member—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #6: Professional Member—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #7: Professional Member—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #8: Professional Member—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #9: Professional Member—\$130 | Associate Member—\$100
 New Member | Renewing Member

Name: _____

Phone: _____ Email: _____

MEMBER #10: Professional Member—\$130 | Associate Member—\$100
 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—\$130 per person: _____ | # of Associate Members—\$100 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: _____