



Annual Membership \$150 September 1, 2017—August 31, 2018

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 \$60 to reflect that the membership year is half over.

***If you were an active CASI member in the 2016-2017 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 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 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: _____