



Annual Membership \$150 September 1, 2019—August 31, 2020

### 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 2018-2019 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:

- |  |  |
|--|--|
| <p>* I am a/an</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CASp Professional</li> <li><input type="checkbox"/> Architect</li> <li><input type="checkbox"/> Engineer</li> <li><input type="checkbox"/> Designer</li> <li><input type="checkbox"/> Attorney</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Contractor</li> <li><input type="checkbox"/> Building owner/developer</li> <li><input type="checkbox"/> Facilities &amp; property management</li> <li><input type="checkbox"/> Plan checker/inspector</li> <li><input type="checkbox"/> Advocate</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
| <p>** I work for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Federal entity</li> <li><input type="checkbox"/> Public agency</li> <li><input type="checkbox"/> Private (including not for profit)</li> </ul>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-employed</li> <li><input type="checkbox"/> Not currently working</li> <li><input type="checkbox"/> Other: _____</li> </ul>  |

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

#### 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: \_\_\_\_\_