



Annual Membership \$75 March 1, 2020—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:

- | | | |
|-------------|--|---|
| * I am a/an | <input type="checkbox"/> CASp Professional | <input type="checkbox"/> Contractor |
| | <input type="checkbox"/> Architect | <input type="checkbox"/> Building owner/developer |
| | <input type="checkbox"/> Engineer | <input type="checkbox"/> Facilities & property management |
| | <input type="checkbox"/> Designer | <input type="checkbox"/> Plan checker/inspector |
| | <input type="checkbox"/> Attorney | <input type="checkbox"/> Advocate |
| | | <input type="checkbox"/> Other: _____ |

- | | | |
|----------------|---|--|
| ** I work for: | <input type="checkbox"/> Federal entity | <input type="checkbox"/> Self-employed |
| | <input type="checkbox"/> Public agency | <input type="checkbox"/> Not currently working |
| | <input type="checkbox"/> Private (including not for profit) | <input type="checkbox"/> 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: _____

PAYMENT: Annual Membership—\$150 Pro-rated Half Year—\$75

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: _____