



Annual Membership \$199 | September 1, 2023 - August 31, 2024

# PROFESSIONAL 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 reflect that the membership year is half over.

*\*\*If you were an active CASI member in the 2022-2023 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: \_\_\_\_\_

- \* 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: _____          |

Please select all that applies below:

**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 "About".)**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT:**  Annual Membership—\$199

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: \_\_\_\_\_