



2018 NEW Membership Application

(Please type or Print)

Invited by: _____

Company Name: _____

PPAI Member #: _____ ASI Member #: _____ SAGE Member #: _____

**(Distributor Applicant: must submit 5 PPAI Supplier member invoices in the amount of \$250 from different companies)
(Supplier Applicant: must submit 5 PPAI Distributor member invoices in the amount of \$250 from different companies)**

Principal: _____ Position: _____

Principal's Email: _____ Cell No: _____

Postal Address: _____

Physical Address: _____

Office Phone No. _____ Fax No. _____

Alternate Representative in CASA: _____ Position: _____

Alternate's Email: _____ Cell No: _____

**Type of membership: () Distributor () Supplier () Multi-Liner Representative () Business Associate
Total Membership Fee: \$150.00 for Suppliers - \$150 Distributors up to 3 people, \$175 up to 6, \$200 more than 7
Membership is annually and runs from January 1st to December 31st**

Payment Form: Amount: \$_____ () Check No. _____ Payable to CASA () Visa () Master Card

Card Number: _____ Exp _____ Security Code _____

() Cardholder name is the Principal's () Card Billing address is the Postal – If not, please indicate below:

Number of Sales Representatives/Alternates in your Company to attend events: (Other than Principal and Alternate):

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

Name: _____ Email: _____ Cell: _____

Application Certification: I certify the above information is correct and meets CASA's requirement for membership. I hereby give permission to CASA to obtain necessary validation as outlined in Article VI of CASA Bylaws, Rules and Regulations. If accepted for membership, I agree to abide by the CASA Bylaws, Rules and Regulations and by it's Code of Ethics.

Applicant Name

Applicant Signature

Date

Accepted by C.A.S.A.