



# 2019 Distributor Membership New and Renewal

PLEASE CHECK TYPE:  NEW  RENEWAL  DIST. ASSOC.

Company Name: \_\_\_\_\_

PPAI Member #: \_\_\_\_\_ ASI Member #: \_\_\_\_\_ SAGE Member #: \_\_\_\_\_

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: \_\_\_\_\_

**Total Membership Fee: \$150.00 for up to 3 reps (including Principal), \$175 up to 6 reps, \$200 more than 7 reps  
Main Distributor Associate (with Main Company paid Membership): \$75.00**

***New members must submit 5 PPAI Supplier member invoices in the amount of \$250 from different companies  
Membership is annually and runs from January 1st to December 31st, 2019***

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: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

*I certify the above information is correct and we meet CASA's requirement for membership. By renewing my membership, I agree to abide by the CASA Bylaws, Rules and Regulations, Code of Ethics and Policies and Procedures.*

\_\_\_\_\_  
Distributor's Name

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Validated by C.A.S.A.

130 Winston Churchill Ave, PMB 266, San Juan, PR 00926-6018  
Tel: (787) 767-6919 Email: tu.casa.puertorico@gmail.com

**FEE TOTAL AMOUNT**  
**\$**