



2020 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, 2020**

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.

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TOTAL CHARGE AMOUNT: