



# Supplier, Multi-Rep & Business Associate 2020 Membership Application

Please check type: ( )NEW ( )RENEWAL

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

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

Principal Representative in CASA: \_\_\_\_\_ Position: \_\_\_\_\_

Principal's Email: \_\_\_\_\_ Residence City: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell No: \_\_\_\_\_

Corporate Postal Address: \_\_\_\_\_

Corporate Physical Address: \_\_\_\_\_

Office Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Alternate Representative in CASA: \_\_\_\_\_ Position: \_\_\_\_\_

Alternate's Email: \_\_\_\_\_ Residence City: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell No: \_\_\_\_\_

Can this alternate vote on behalf of your Company on any CASA By-laws amendments or consultation? ( ) YES ( ) NO

**Type of membership: ( )Supplier ( )Multi-Rep ( )Business Associate • Total Membership Fee: \$150.00**  
Membership is annually and runs from January 1<sup>st</sup> to December 31<sup>st</sup>, 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

**( ) PAID THROUGH PPAI/URMA (Still needs to provide all the company and reps information)**

**Accounts Payable Contact:** \_\_\_\_\_ Position: \_\_\_\_\_

A/P Email: \_\_\_\_\_ Phone/Ext. No: \_\_\_\_\_

**Trade Show Decision Contact:** \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Ext. No: \_\_\_\_\_

**Sales/MultiRep Contact:** \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Ext. No: \_\_\_\_\_

Can this Sales/MultiRep vote on behalf of your Company on any CASA meetings during their visit? ( ) YES ( ) NO

*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.*

Supplier's Name

Principal's Signature

Date

Validated by C.A.S.A.