



2021 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, 2021***

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
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TOTAL CHARGE AMOUNT: