Supplier, Multi-Rep & Business Associate

2021 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 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

_____

(___) 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.

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