



2023 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**

***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, 2023***

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

TOTAL CHARGE AMOUNT