



Supplier, Multi-Rep & Business Associate 2024 Membership Application

Please check type: () NEW () RENEWAL

"We support those that Support Us"

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

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

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.