



4836 Rugby Avenue
 Bethesda, MD 20814
 301-630-6655 ■ fax 1-866-822-8003
 elizacasa@mail.bullhorn.com ■ *americanstaffing.net/dc*

The Capital Area
 Staffing Association

2008 CASA MEMBERSHIP APPLICATION

 Name of firm (as you would like it to appear in the membership directory)

 Name of voting representative (Mr./Ms./Mrs.) Title

 Corporate address City State Zip

 Phone Fax E-mail Web site address

Number of branch offices: _____ (*List additional offices on subsequent pages.*)

ANNUAL DUES ARE \$300 + \$25 PER ARE OFFICE WITH A CAP OF \$500 PER COMPANY. ALL AREA OFFICES MUST BE INCLUDED FOR DUES CALCULATION AND WILL BE LISTED ON CASA WEBSITE.

Main capital area office	\$ 300.00				\$ 300.00
First office	Dues				(Subtotal)
Additional capital area offices	\$ 25.00	X		=	\$
	Dues		Number of additional offices		(Not to exceed \$500)
Total dues for CASA					Total \$



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PAYMENT

Method of payment: ___ Check payable to CASA ___ American Express ___ Master Card ___ Visa
 Check or credit card # _____ Exp. date _____
 Cardholder name _____ Signature _____
 Billing address _____ Phone _____

APPROVAL PROCESS

Upon completion of this application for membership, please mail it along with the appropriate dues to:
 CASA Membership Dues, 4836 Rugby Avenue, Bethesda, MD 20814.
 Or, you may fax this completed form to Eliza Deang, CASA Administrator, at 1-866-822-8003. We will notify you
 by e-mail as soon as we receive your application.

 Company

 Signature Date

 Name (printed) Title

ADDITIONAL OFFICES

Branch: _____

Contact Name /
Title: _____

Address: _____

City, state, zip: _____

Phone: _____ Fax: _____

Email: _____

Branch: _____

Contact Name /
Title: _____

Address: _____

City, state, zip: _____

Phone: _____ Fax: _____

Email: _____

Branch: _____

Contact Name /
Title: _____

Address: _____

City, state, zip: _____

Phone: _____ Fax: _____

Email: _____

Branch: _____

Contact Name /
Title: _____

Address: _____

City, state, zip: _____

Phone: _____ Fax: _____

Email: _____

Branch: _____

Contact Name /
Title: _____

Address: _____

City, state, zip: _____

Phone: _____ Fax: _____

Email: _____