



6620 81<sup>st</sup> Street  
 Cabin John, MD 20818  
 301-630-6655 ■ fax 1-866-822-8003  
 elizacasa@mail.bullhorn.com ■ [www.capitalareastaffingassociation.org](http://www.capitalareastaffingassociation.org)

## 2011 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 AREA 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	<b>\$ 300.00</b>				<b>\$ 300.00</b>
First office	Dues				(Subtotal)
Additional capital area offices	<b>\$ 25.00</b>	X		=	<b>\$</b> _____
	Dues		Number of additional offices		(Not to exceed \$500)
<b>Total dues for CASA</b>					<b>Total</b> \$ _____



The Capital Area  
Staffing Association

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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  
6620 81<sup>st</sup> Street  
Cabin John, MD 20818

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: \_\_\_\_\_