



Application for Membership

Please return completed form to:

Council for Advancement and Support of Education (CASE)
1307 New York Avenue NW, Suite 1000
Washington, DC 20005-4701
jbresette@case.org

*CASE ASAP is included in your institution's CASE membership at no additional fee.
New CASE ASAP members must complete the following form to be included as
an active CASE ASAP member.*

*CASE staff will respond to you within three business days with information to get you started
accessing your CASE ASAP benefits.*



Application for Membership

Directory Information

Organization Name _____

Institution _____

District Affiliation _____

Address _____

City _____

State or Province _____

ZIP or Postal Code _____

Phone Number _____

Adviser Information

Primary Adviser

Staff member at your institution who has primary responsibility to advise your organization.

Name _____

Title _____

Phone Number _____

E-mail Address _____

Secondary Adviser (Optional)

Staff member at your institution who has secondary responsibility to advise your organization.

Name _____

Title _____

Phone Number _____

E-mail Address _____

For Office Use Only

Organization Size _____

Organization Budget _____

Year Established _____