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**C.A.S. and Sons Protective Group**

**MEMBERSHIP**



All prospective members of **C.A.S. and Sons Protective Group** are required to complete this registration form. Indicate any changes; Membership is for a **Lifetime**.  **NEW MEMBERSHIP  CHANGES TO DIRECTORY**

**SECTION 1: MEMBER CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE** | **Mr** **Mrs** **Miss** **Ms** | | |
| **NAME** |  | | |
| **ADDRESS 1** |  | **MAIN TELEPHONE** |  |
| **ADDRESS 2** |  | **WORK TELEPHONE (if different)** |  |
| **ADDRESS 3** |  | **HOME TELEPHONE** |  |
| **TOWN/CITY** |  | **MOBILE PHONE** |  |
| **ZIP CODE** |  | **PRIMARY EMAIL** |  |
|  |  | **SECONDARY EMAIL** |  |

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER TYPE** | **DESCRIPTION** | **MEMBERSHIP DUES (Annual)** | **Please Check** |
| **FULL** | Full Membership | $50 |  |
| **STUDENTS/SENIORS** | Full/Part Time Students and Seniors | $25 |  |
| **VETERANS** | Active Duty, Veterans and Their Family Members | $15 |  |
|  | Must Provide Proof of Membership Status |  |  |
|  | Visit www.casandsonsgroup.us |  |  |
| **PAYMENT METHOD** | Cash Payment  Personal Check  Online Payment |

**SECTION 3: MEMBER INFORMATION**

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| **OCCUPATION /JOB TITLE:** |
| **Member :**  Yes  No Would you like to receive membership information? **:**  Yes  No |
| **Member of other Security Associations? Check all that apply.**  SIA  ASIS  Other |
| **Do you want to receive our newsletter? Y** or **N**  If yes, please provide e-mail address. |
|  |
| Please indicate if you would be willing to **serve on a Security Planning Committee**:  Yes  Not at this time |
| **Permission to use photographic images**:  Photographs of **C.A.S. and Sons Protective Group** **(C.A.S.)** members may be used in various **C.A.S.** communications including our newsletter, social network accounts and website. Group photographs taken at **C.A.S.** events may be used without identifying individual members. For individual photographs, please indicate your permission for use:  \_\_\_\_\_ **C.A.S.** has my permission to use and identify photographs of me.  \_\_\_\_\_ **C.A.S.** does not have permission to use and identify photographs of me.  \_\_\_\_\_ **C.A.S.** must contact me before using any identified photographs of me in **C.A.S.** communications. |

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To pay by check:** **PLEASE SEND THIS MEMBERSHIP APPLICATION AND A CHECK MADE PAYABLE TO " C.A.S. and Sons Protective Group,**

**Membership, 1379 Park Western Ave, Suite 305, San Pedro, CA. 90732.**