[

**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.**