



CHICAGO ASSOCIATION OF SPRING MANUFACTURERS, INC.

www.Casmi-Springworld.org

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CASMI ASSOCIATE MEMBERSHIP APPLICATION

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ WEBSITE _____

EMAIL _____ (Extremely Important as most of our communication is done via email!)

YEARS IN BUSINESS: _____ NUMBER OF EMPLOYEES: _____

PLEASE CHECK ALL PRODUCT CATEGORIES YOUR COMPANY MAKES or OFFERS:

- | | | |
|---|--|---|
| <input type="checkbox"/> Machinery Manufacturer | <input type="checkbox"/> Used Equipment / Parts | <input type="checkbox"/> Tooling |
| <input type="checkbox"/> Raw Material Suppliers | <input type="checkbox"/> Grinders / Abrasives | <input type="checkbox"/> Testing Equipment |
| <input type="checkbox"/> Stress Relief Ovens | <input type="checkbox"/> Metal Finishing / Plating | <input type="checkbox"/> Coatings / Solvents |
| <input type="checkbox"/> Conveyer Systems | <input type="checkbox"/> Insurance / Software | <input type="checkbox"/> Packaging -Box / Barrels |
| <input type="checkbox"/> Other | | |

We hereby apply for membership in the CHICAGO ASSOCIATION OF SPRING MANUFACTURERS, INC. (CASMI) as an Associate member. Our payment in the amount of \$695 for Annual Dues is enclosed. This dues money shall be returned should our membership not be approved for any reason.

Per _____ Title _____
(Signature)

_____ Date _____
(Please print or type name)

The following two employees should be placed on the mailing list to receive all meeting notices, etc. Other personnel can be substituted when needed.

(Please print or type names. Mail will be sent to address above, unless you provide another address)

1. _____ EMAIL _____ TYPE: _____

2. _____ EMAIL _____ TYPE: _____

Check Enclosed Check #: _____ Check Amount: \$ _____

Charge to: MasterCard Visa American Express Discover Amount to charge: \$ _____

Card # _____ Exp. Date _____ Security Code _____

Name on Card: _____ (please print name)

Signature: _____