



## 2017-2018 CASE Institutional Membership Application

Name of Primary Contact \_\_\_\_\_ Date \_\_\_\_\_  
LAST FIRST

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website Address \_\_\_\_\_

**Up to four additional members can be added to your membership for no additional fee:** (Must be at the same location)

1 Name \_\_\_\_\_ Email \_\_\_\_\_

2 Name \_\_\_\_\_ Email \_\_\_\_\_

3 Name \_\_\_\_\_ Email \_\_\_\_\_

4 Name \_\_\_\_\_ Email \_\_\_\_\_

### Payment Information

The yearly fee for the Institutional Membership is \$500 and each additional member is \$50. (The CASE membership year is from September 1 through August 31.)

**Check Payment:** Please complete this application and return with payment to the address at the bottom of the page. An invoice will be sent to the email address of the primary contact unless otherwise specified.

**Credit Card Payment:** Please call CASE at 303.762.8762 to share payment information or fill out the following credit card information and submit by mail to the address below or fax to 303.762.8697. **For security reasons, please do not email this information.**

Visa  MasterCard  Discover  Amex

NAME ON CARD \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ SIGNATURE OF CARDHOLDER \_\_\_\_\_

**Questions? Contact Melissa Gibson, CASE Director of Membership and Strategic Partners, at [mgibson@co-case.org](mailto:mgibson@co-case.org).**

Contributions or gifts to CASE are not tax deductible as charitable contributions for income tax purposes. However, member dues payments are deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. CASE estimates that the non-deductible portion of 2016/2017 dues allocable to lobbying is 12%.