



**CHICAGO ASSOCIATION OF
SPRING MANUFACTURERS, INC.**

www.Casmi-Springworld.org

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CASMI ASSOCIATE MEMBERSHIP APPLICATION

MAIN MEMBER NAME _____ TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY (non-USA) _____ PHONE _____

EMAIL _____ WEBSITE _____

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"/> Conveyor 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.

NAME _____ TITLE _____

DATE _____

These additional employees (up to 2) below should be placed on the membership list to receive all meeting notices, communications, etc. Other personnel can be substituted when needed.

(Please print or type names, e-mails and titles below of up to two additional employees. Mail will be sent to address listed above, unless you provide another address.)

1. NAME _____ EMAIL _____

TITLE _____

2. NAME _____ EMAIL _____

TITLE _____

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)