



Central Atlantic States Association of Food and Drug Officials

Membership Application

Please send completed application to:
Megan Lauff
CASA Treasurer
200 Chestnut Street-Room 900
Philadelphia, PA 19106

Name: _____

Agency Affiliation: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

- New Member** **Renewal**

Local Conference Membership

(please check one)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Philadelphia |
| <input type="checkbox"/> New York | <input type="checkbox"/> Pittsburgh |
| <input type="checkbox"/> Niagara Frontier | <input type="checkbox"/> Susquehanna |
| <input type="checkbox"/> Northeastern NY | <input type="checkbox"/> Virginia |

Membership Type

(please check one)

- | | |
|-------------------------------------|------|
| <input type="checkbox"/> Regulatory | \$15 |
| <input type="checkbox"/> Associate | \$35 |
| <input type="checkbox"/> Academic | \$10 |
| <input type="checkbox"/> Student | \$10 |
| <input type="checkbox"/> Retired | \$10 |

Annual Dues

Please make all checks payable to CASA

CASA Federal ID# 52-6136694

For more information about CASA, visit our website www.casafdo.org

* *CASA is a regional affiliate of the Association of Food and Drug Officials (AFDO)*

For more information about AFDO, visit their website www.afdo.org