



## ***Affiliate Membership***

Thank you for your interest in obtaining CASI Membership.

In order to attend a CASI certification course all international instructors must first become a CASI Affiliate Member. If you are registering for a CASI certification course (other than Level 1), please note that **this application must be received 4 weeks prior to the first day of the course.**

For an annual fee of \$171.55 CDN for 1 year; \$343.10 CDN for 2 years (plus applicable taxes if residing in Canada), we would provide you with the following introductory benefits:

- ✓ Affiliate Membership Card
- ✓ CASI News Eblasts
- ✓ Eligibility to register for CASI courses
- ✓ Insurance as an instructor while teaching in Canada (Liability insurance only)
- ✓ Pro Deals (while living in Canada)

Your application will be considered upon **receipt** of the following items:

1. Completed application form (enclosed);
2. A copy of your current instructor's certification or membership card from the national instructor's body of your country;
3. Your payment either by Visa or Mastercard.

**Note: Please allow 1 – 2 weeks for processing.**

Once your application has been processed, you may instruct in Canada as a *CASI Affiliate Member*. You will not be considered as a Regular Member until you have taken a CASI certification course. Once you have completed a certification course, your status will be changed to Regular Member.

Paying your *CASI Affiliate* membership dues yearly allows you to retain benefits and keeps your file active!

**CANADIAN ASSOCIATION OF SNOWBOARD INSTRUCTORS**

186 Hurontario St, Suite 201  
Collingwood, ON L9Y 4T4  
Tel: 519.624-6593 Fax: 519.624-6594  
1 877 976-2274 / 1 866 471-6594



**PLEASE MAIL OR FAX TO THE ADDRESS/NUMBER ABOVE**

**AFFILIATE MEMBERSHIP FORM**

**NON-REFUNDABLE**

NAME: \_\_\_\_\_ MEMBER NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SEX: Male Female Other

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL \_\_\_\_\_

COMMENTS: The cost of insurance is included in your dues.  
Please ensure the information above is accurate so we can send your card in a timely manner.

**PLEASE ALSO SEND A COPY OF YOUR CERTIFICATION**

DESCRIPTION		AMOUNT	
<b>AFFILIATE MEMBERSHIP</b>			
	(1 year) Dues Payment	\$ 171.55 ; OR	
	(2 years) Dues Payment	\$ 343.10 (avoid dues increase next season )	
<b>For Canadian Residents Only</b>	<b>TAXES</b>	<b>1 YEAR</b>	<b>2 YEARS</b>
	15% HST (NS, NB, NL, PEI)	\$25.73	\$51.47
	13% HST (ON)	\$22.30	\$44.60
	5% GST (MB, SK, AB, BC, QC, NWT, NU)	\$8.58	\$17.16
		<b>QST 9.975%</b> (For Quebec Residents Only)	
		Sub-Total	
		<b>CASI SCHOLARSHIP DONATION</b> (help members who can't afford to take another course, minimum donation is \$2.00)	
		<b>TOTAL INVOICE</b>	

GST & HST# 898363577 QST# 1018511521

**PAYMENT INFORMATION**

VISA      MASTERCARD      CHEQUE OR MONEY ORDER (PAYABLE TO CASI)

EXPIRY DATE (mm/yy)      CVV

CC#

**Please call in credit card # if emailing**

SIGNATURE      PRINT CARDHOLDER NAME

By paying my membership dues, I hereby declare having read the information found on Page 2 and understand and accept the terms and conditions outlined.  
declare that my parent or legal tutor has read, understood and accepts the terms and conditions outlined in this document.

FOR MINORS ONLY: I hereby

**OFFICE USE ONLY**

PAYMENT AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ INPUTTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please retain a copy for your files.*