

CASA MEMBERSHIP FORMS  
(Please print)

Name: \_\_\_\_\_

Organization \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you or your organization a CASA grant recipient? Yes or No

Sectors you represent: Circle all that apply

Parent(s) Interested Citizen Law Enforcement/ Justice Treatment/ Intervention

Business Media Prevention/ education Faith based Youth Government Health

Other (If other, please list \_\_\_\_\_)

Issues you would like to see CASA address:

Other suggestions for CASA: