



CAS Directory Form 2008-2009

Name: _____ Member number: _____ Member Since: _____

Class: Active Associate Retired Student

Mixer type: Production Re-recording

Profession: (choose from the list of professions on page 2) _____

Company Name (if applicable): _____

Street: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: (if outside the USA) _____

Cell: _____

Phone: _____

Fax: _____

Email address: _____

Web page/URL: _____

Union Affiliations: _____

Other Professional Organizations: _____

Are you willing to participate in the CAS Mentoring Program, available to our Student members? Yes No

If yes, please choose from the following list how you would be available, and to what extent. Please circle all that apply, and add any options we might have missed.

Phone calls E-mail Set visits Interning Job shadowing

Professional History: OPTIONAL (Restricted to a maximum of 80 words)

RETURN DEADLINE: SEPTEMBER 1, 2008
Please return BOTH pages by mail in the envelope provided,
or by FAX to 818-752-8624

Choose from this list for the PROFESSIONS section for your Directory listing:

CAS MEMBER PROFESSIONS:

- A-2
- ADR/Foley Mixer
- Engineer
- Machine Room Operator/Recordist
- Management
- Boom Operator
- Production Sound Mixer
- Re-recording Mixer
- Scoring Mixer
- Sound Designer
- Sound Editor
- Playback Operator