



PO Box 434
Santa Rosa, CA 95402

Membership Application/Renewal

Please print this form and complete the information.

| | |
|-------------|--|
| Name | |
| Address | |
| City | |
| State | |
| Zip | |
| Phone | |
| Email | |
| Affiliation | |
| Specialty | |

| | | | | | | |
|--------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Region | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|--------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

| | Individual | Organization |
|---------|-------------------------------|-------------------------------|
| 1 year | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$40 |
| 2 years | <input type="checkbox"/> \$40 | <input type="checkbox"/> \$70 |
| 3 years | <input type="checkbox"/> \$55 | <input type="checkbox"/> \$90 |

Check here if you would like to receive the CCWR Newsletter via email instead of receiving a hard copy in the mail. If you do not check this box, we will send you both.

Please check this box if you do not wish to be listed in the directory.

If you have any questions, please contact us at info@ccwr.org or phone 415-541-9090.

Please print this form, enclose your check (made payable to CCWR) and mail to:

CCWR Membership Committee, PO Box 434, Santa Rosa, CA 95402