



Central Valley CWA Membership Application

Name: _____

Company Name (if applicable): _____

Full Address (Street, City, State, Zip): _____

Phone: _____

Email: _____

Please Circle One: New Member* or Renewing Member

Please Circle One: Individual Member or Business Donor Member

Do you belong to any other CWA Chapters? Yes or No If yes, note your Home Chapter

Please check or mark your membership or donor type.

- | | |
|--|---|
| <input type="radio"/> \$25.00: Student Member | <input type="radio"/> \$100.00 and up: Bronze Level Donor |
| <input type="radio"/> \$60.00: Supportive Member | <input type="radio"/> \$150.00 and up: Silver Level Donor |
| <input type="radio"/> \$50.00: Active Member | <input type="radio"/> \$200.00 and up: Gold Level Donor |
| <input type="radio"/> Additional Donation for Ag
Scholarship Fund \$_____ | <input type="radio"/> \$250.00 and up: Platinum Level Donor |
| | <input type="radio"/> \$500.00 and up: Emerald Level Donor |

***Please provide us with the name of the person who is sponsoring your new membership. This person must be current in dues and in good standing.**

If you are a donor, please list the name of the additional person you'd like to list for membership:

Please Venmo your payment to @cvcwa or include a check along with this application. Mail or email the application to CWA:

Central Valley CWA
PO Box 1761, Clovis, CA 93612-1761
CWACentralValley@gmail.com