



2026 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:

- | | |
|---|---|
| ☐ \$25.00: Student Member | ☐ \$100.00 & up: Bronze Level Donor |
| ☐ \$50.00: Active Member | ☐ \$150.00 & up: Silver Level Donor |
| ☐ \$60.00: Supportive Member | ☐ \$200.00 & up: Gold Level Donor |
| ☐ Additional Donation for Ag Scholarship Fund \$_____ | ☐ \$250.00 & up: Platinum Level Donor |
| | ☐ \$500.00 & 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 include cash or check along with this application. You can also Venmo your dues to: celestelopes, Treasurer for the chapter. Mail or email the application to CWA:

Central Valley CWA
PO Box 1761, Clovis, CA 93612-1761