



Email: tmsilva307@gmail.com
307-247-3738

MEMBERSHIP APPLICATION

(Check One)

- _____ **Regular Member**
- _____ **Regular Member (B)**
- _____ **Associate Member**
- _____ **Affiliate Member**
- _____ **Professional/Technical Member**

Company Name:	Web-Site:
Address:	Phone:
	Fax:
e-mail:	Mobile:

Please List Officers of Company, Partner, or Owner(s):

Name:	Title:
Name:	Title:
Name:	Title:

Please List Person to represent company and receive correspondence:

Name:	Title:
Address:	Phone:
	e-mail:

Please list and describe all types of business your company represents and how you want it to read in the membership directory:

We hereby apply for membership as stated above and agree to accept and be governed by the Articles of the Association Bylaws and to pay such fees and assessments as are properly prescribed by the Board of Directors.

Please enclose your check for the annual basic dues for the corresponding membership type.

Signature of Applicant

Date

*Please mail this completed application to:
CAW
PO Box 2482
Casper, WY 82602*