

## CAWAS Membership Application Form

This membership form was approved by the CAWAS Membership by a majority vote at a general meeting which took place on Saturday December 6<sup>th</sup> 2007.

### CAWAS Membership Application Form PLEASE INCLUDE THIS FORM WITH YOUR PAYMENT

Membership in CAWAS gives you the following privileges and rights:

Full voting privileges

Access to members contact information & CAWAS email list

Life insurance

Invitations to monthly meetings

Priority registration to special events

Ability to run for office

All CAWAS members are required to host a monthly meeting

All members are required to contribute food and drinks to help support the host

Access to CAWAS fund for the purpose of (i.e. fundraising, charitable donations, etc)

#### STEP ONE: NAME AND ADDRESS (Please write legibly)

Title: \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Miss \_\_\_ Ms. \_\_\_ Dr.

Full name: \_\_\_\_\_

Your sponsor's Full name: \_\_\_\_\_

*A sponsor is the person who is vouching for you in your process of becoming a member of CAWAS. Your sponsor must be a member in good standing.*

Your Contact information:

Street Address: \_\_\_\_\_

City/State/Zip or Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*This is the email that will be used to register you as a member on the exclusive email list. This will allow you to receive and communicate with other members of the group via email.*

#### STEP TWO: DUES PAYMENT

CAWAS Yearly membership dues are US\$175.00\* for the 2007-2008 cycle

These dues include mandatory Life Insurance coverage through the Association and CAWAS Fund collection.

The membership dues will be collected in two installments or in full  
By CAWAS bylaws, once paid, membership dues are NON-REFUNDABLE for any reason.  
Memberships will be processed after your application and payment are received. A receipt will be issued to  
you upon receipt of payment by the Treasurer.

\*Fees are subject to change with a simple majority vote of the membership.

Before signing please acknowledge that you have read and understand the CAWAS Bylaws and Code of  
Conduct:  
\_\_\_ Yes \_\_\_ No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY (CAWAS Officer): \_\_\_\_\_

Office Use Only Date Submitted: _____ Date Approved: _____ Method Of Payment Cash    Check # _____ Amount: _____ Amount Due: _____
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