

## CALIFORNIA WOMEN IN TIMBER ORGANIZED IN 1976

### cawomentimber.org

**2024-2025 MEMBERSHIP APPLICATION** 

California Women in Timber is a 501(c)(3) non-profit organization committed to sustainable forestry and natural resource management through educational outreach, professional development, and legislation in our local communities and throughout the State. Membership is open to all who share our views and goals!

There are two ways to complete your membership:

**Option 1)** Fill out and mail this form with a check (*please do not send cash.*) Please make checks payable to: CWIT | Mail to: 464 Gamay Drive, Cloverdale, CA 95425

Option 2) Pay online: https://california-women-in-timber.square.site/

Note: If you PAID for membership in 2024, your membership is valid through May 31, 2025.

MEMBERSHIP RATES (check any that apply)	\$50.00 \$50.00	CHAPTER AFFILIATION (check one below)		
Associate/Business Member \$100.0	00 -\$150.00	□ Shasta Cascade Chapter		
<ul> <li>Donation: The Forestry Challenge (optional) \$_</li> <li>New Student Member</li> <li>Student Member Renewal</li> </ul>	\$10.00 \$10.00	Free Agent Thank you for your support!		
TOTAL ENCLOSED \$		jor your support:		
Name:        Date:          Business/Organization:        HOME Mailing Address:          HOME Mailing Address:        State:          City:        State:          Email:        Cell:				
Home Phone: Work Phone:				
<ul> <li>YES! Please deliver the following to my inbox:</li> <li>California Forestry Association's Daily Clips (Legislative &amp; Policy Updates; 3-5x / week)</li> <li>Job Announcements (NEW Forest-Related Job Announcements; 1-2x / week)</li> </ul>				
Please mail your completed application and check to: CWIT Membership 464 Gamay Drive Cloverdale, CA 95425	For more information please contact: Mersadies Campbell cwitmembership@gmail.com   (209) 409-4477			

California Women In Timber reserves the right to refuse membership to anyone who does not share our views and goals.

# CALIFORNIA WOMEN IN TIMBER

## 2024-2025 ASSOCIATE/BUSINESS MEMBERSHIP APPLICATION

Business/Organization Name:	
Address:	
City, State & Zip:	
Email:	Phone:
Fax:	Cell:

## ASSOCIATE MEMBERSHIP RATES:

\$100 Includes Business & Sponsorship of one individual/representative

\$150 Includes Business & Sponsorship of two individuals/representatives

\$ 50 Each additional person with an Associate Membership

#### Please list the individuals/representatives sponsored this year

(use additional sheet if needed)

Name:		
Home Address:		
Phone:	Email:	
Nama		
Home Address:		
Phone:	Email:	
Name:		
Home Address:		
Phone:	Email:	
Name:		
Home Address:		
Phone:	Email:	
Name:		
Home Address:		
Phone:	Email:	