



Membership INVOICE

6456 S. Niagara Ct. Centennial, CO 80111
 Phone: 303 779-7939 Fax: 303 220-5833
 Email: mngmntplus@qwest.net

- Private Membership** (\$65/per person/year) -All CWMA members receive all newsletter mailings and can attend association meetings and activities at a discount.
- Discount Memberships** (\$260/year) - Agencies or companies receive a discount by signing up five individual members at one time. If you add crew members later in the season, you may still take advantage of this offer. Simply pay for all five at once and send us the names after you hire.
- Student Membership** (\$20/year) - High school and college students. Students are not voting members and must pay member registrations and other fees pertaining to Association activities.

Please Return This Entire Form—Fill In Every Blank—Make a Copy For Your Records

- 1. Make check payable to Colorado Weed Management Assn. (CWMA). Please return form with check.**
- 2. Please use this form as an invoice. Check box to have a receipt of payment faxed to number below.**
- 3. VISA or MASTERCARD (Please print clearly-use pen, no magic markers.)**

Credit Card number: _____ **Expiration** _____ / _____

Address for card holder: _____

City: _____ **State:** _____ **Zip:** _____

Signature: _____ **Print Name** _____

This is a changed address: YES NO Member that referred me: _____

Name: (1) _____ **Phone (_____)** _____

Agency/Company: _____ **County:** _____

Business Address: _____

City: _____ **St** _____ **Zip** _____

Fax # _____ **email** _____

Please list additional members if joining as a group (include a mailing address to receive individual CWMA Newsletters)

(2) _____ (4) _____

Email: _____ **Email:** _____

(3) _____ (5) _____

Email: _____ **Email:** _____

MEMBERSHIP DUES: RETURN THIS FORM WITH PAYMENT

1. 2008 Member	\$65/ person	\$ _____
2. Discount Members	\$260/group up to 5	\$ _____
3. Student Member	\$20/ person	\$ _____
TOTAL		\$ _____

Receipt Info:
 Check # _____
 CC Auth # _____
 Date _____
 Amt \$ _____
 Invoice _____
 Database _____
 Receipt Faxed _____

Make check payable to CWMA, 6456 S. Niagara Ct., Centennial, CO 80111 Fed. ID# 74-2485816