CHAPTER MEMBERSHIP FORM

Date: ______________________________
Name: ______________________________
Affiliation: __________________________
Address: ____________________________
City, State, & Zip: ____________________
Telephone: ____________________________ e-mail: _______________________

TYPE OF MEMBERSHIP (Check One):

Regular Member ($15/year): __________  Student Member ($5/year): __________

COMMITTEE/CHAPTER INTERESTS:

☐ Membership
☐ Education
☐ Technical Conference
☐ Awards
☐ Board of Directors

Send this completed form plus your check made payable to A&WMA-Golden Empire Chapter to:

A&WMA-Golden Empire Chapter
P.O. Box 12184
Bakersfield, CA 93389

OR

BRING IT TO OUR NEXT MEETING!!!