

CRRA Membership Application:

(Please print legibly)

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

County: _____

Phone: _____ Fax: _____

Email: _____

2008 Annual Membership Dues:

\$200 - General Member

\$100 - Student (requires proof)

Payment Method:

Check enclosed Visa or M/C

Name on Card: _____

Credit Card # _____

Exp. Date: _____ V-Code: _____

Signature: _____

Affiliation Type: (CRRA members are listed in the annual membership directory under the categories below. Please indicate which category you wish to be listed under.)

Nonprofit Group Consultant Student/Academic

Government (city, county, regional, state, federal) Private Service Provider

Vendor Manufacturer Other _____

Mail your application and payment to:

CRRA, PO Box 1228, San Luis Obispo, CA 93406.

For credit card payment fax this form to 916-676-4882 or email form to crra4zw@yahoo.com