

Membership Info - 2025

Name (1):	Email:				
Name (2):	Email:				
Address:					
City:	State:		Zip:		
Phone: (Main)	(A	.lt)			
Annual Dues (per calendar year):	Please	consider an	additional dona	ation:	
☐ Individual or Household: \$35		\$50	\$100		
Student/Limited Income: \$10		\$250	\$500		
Organization: \$35					
Please complete this form and send it witl 86304	h your ch	neck to: CWA	NG, P.O. Box 131	45 ● Prescott, A2	
CWAG is a 501(c)(3) non-profit corporation deductible.	n. All do	nations and	contributions ar	re tax	
Member Info (optional:					
Background/Education:					
Skills: Policy; Technical/Scientific; Comput Other		•	•		
Volunteer:					
Volunteers are fundamental to CWAG's ed expert. Joining the Science or Policy Com- water issues.			•		
		Member 1	Member 2		
Public Policy (regional water issues, safe y	vield)				
Science (reports, water studies)					
Other skills to help CWAG:					

Web: cwagAZ.org Email: info@cwagAZ.org P.O. Box 13145 • Prescott, AZ 86304