



*California Women for Agriculture  
Salinas Valley Chapter  
[www.salinascwa.org](http://www.salinascwa.org)  
**Membership Application Form***

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Annual Dues:	Salinas Valley Chapter	\$ 40.00
	American AgriWomen (optional)	\$ 30.00
	<a href="http://www.americanagriwomen.org">http://www.americanagriwomen.org</a>	
	Additional donation (optional)	\$ 10.00
	<b>Total Enclosed</b>	\$ _____

Please make checks payable to: **CWA Salinas Valley Chapter**  
Send to: P.O. Box 1210  
Salinas, CA 93902

**Membership Involvement:**

*I plan to be:*

- Active (regular participation)  
 Supportive (can help occasionally)  
 Associative (silent support)

**Please Notify Me Via:**

- Email  
 US Mail

**Areas of Interest**

*Check all applicable*

- Ag Labor  
 Conservation  
 Animal Welfare  
 Biotechnology  
 Food Safety/Pesticides  
 International Trade  
 Land Use  
 Legislation  
 Membership  
 Public Relations/Publications  
 Website  
 Other \_\_\_\_\_

**Special Projects**

*Areas I can help*

- Hosting a Recruitment Luncheon  
 Education  
 Fairs  
 Farm Days  
 Fund Raising  
 Holiday Shopping Trip  
 Progressive Dinner  
 Scholarship  
 Breakfast Stops  
  
Other \_\_\_\_\_