



**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
	<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 \_\_\_\_\_