



Santa Maria Chapter 2017 Membership Application Form

www.santamariacwa.com

_____	_____	_____
First Name	Last Name	Birthday (month/day)
_____	_____	_____
Mailing Address	City	State Zip Code
_____	_____	
Preferred Contact Phone #	Contact Email Address	
_____	_____	
Occupation	Employer	
_____	_____	
Referred By		

Please indicate if your contact information can be provided to other members for CWA business purposes only: Yes No

Do you want to be contacted regarding volunteer opportunities? Yes No

Check all areas of interest for which you are willing to volunteer:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ag in the classroom | <input type="checkbox"/> Host recruitment luncheon | <input type="checkbox"/> School garden grants/liaison |
| <input type="checkbox"/> Annual fundraiser | <input type="checkbox"/> Land/water use | <input type="checkbox"/> Strawberry festival |
| <input type="checkbox"/> Education (school ag days) | <input type="checkbox"/> Legislation | <input type="checkbox"/> Student scholarships |
| <input type="checkbox"/> Fair display | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website |
| <input type="checkbox"/> Food safety | <input type="checkbox"/> PR/Advertising | <input type="checkbox"/> Other _____ |

Our Purpose:

The objective of the Santa Maria Chapter of California Women for Agriculture (SMC CWA) is to promote an educational program in order to develop the interest of Californians in agriculture and to promote agriculture in California. Further, its purpose is to involve the people of California for the following general purposes: to speak on behalf of agriculture in an intelligent, informative, direct and truthful manner; to keep SMC CWA members informed on legislative and regulatory activities pertaining to agriculture; to join forces when the need arises to deal with agricultural challenges in a specific community; to improve the public image of farmers and to develop rapport among agricultural communities throughout the State.

As a member of SMC CWA, I agree to:

- support and promote the purpose of SMC CWA
- support and be governed by the bylaws and standard operating procedures
- conduct myself honorably and in a manner that will not bring reproach or discredit to SMC CWA
- use contact information obtained though CWA for official CWA business purposes only

By signing below, I certify that I have read the above statement and agree to the terms herein.

Applicant Signature

Date

Membership status: New member Renewing member (years of service to CWA _____)

Calendar Year Dues		Amount Remitted
<input type="checkbox"/> Active	\$ 50.00	_____
<input type="checkbox"/> Corporate/Non-profit donor member*	\$100.00	_____
<input type="checkbox"/> Student – under 24, full-time	\$ 25.00	_____
<i>Optional:</i>		
<input type="checkbox"/> Pre-pay lunches (11 x \$20)	\$220.00	_____
<input type="checkbox"/> American Agri-Women**	\$ 30.00	_____
<input type="checkbox"/> Additional donation		_____
Total remittance		\$ _____

*includes membership for one person who represents the organization

**national coalition of farm, ranch and agribusiness women and organizations

Please make checks payable to “Santa Maria CWA” and mail application to:
Santa Maria CWA
PO Box 1898
Santa Maria, CA 93456

Upon approval and ratification of this membership application by the Executive Committee, all new members will be provided with a new member packet which shall include but not be limited to: chapter bylaws and SOPs, membership list, and the current CWA calendar of events.

Application accepted and ratified by the Executive Committee on : _____

President _____

1st VP _____

2nd VP _____

3rd VP _____

Secretary _____

Treasurer _____