CTAS Membership Application: ☐ New ☐ Renewal ☐ Individual $30/yr ☐ Family $30/yr

(Family Membership: Reside in same household and/or children 18 years of age and under)

Name: _____

(PLEASE PRINT) *Last* *First*

_____

Address *City* *State* *Zip*

(_____)_____ (_____)_____

Home phone *Business phone*

Do you want to receive your newsletter via e-mail? Yes___No___

E- mail address_____

Additional family members:

_____

_____

_____

_____

Mail to: CTAS, P. O. Box 4262, Grand Junction, CO 81502

C T A S
P.O. Box 1045
Idaho Springs, CO 80452