

**CTAS Membership Application:**  New  Renewal  Individual \$35/yr  Family \$35/yr

(Family members must reside in the same home and/or Children 18 years of age and under)

**PLEASE PRINT CLEARLY**



Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

(By providing your email address you are authorizing us to send you CTAS related emails even if you receive your newsletter by mail instead of email)

Do you want to receive your newsletter via email? Yes  No

Additional Family Members:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

**MAKE CHECKS PAYABLE TO CTAS AND SEND WITH APPLICATION TO:**

CTAS, c/o Scott Hargrove, Membership, P.O. Box 596, Crested Butte, CO 81224

Any questions—Call Scott at 970-209-2670