

CTAS Membership Form: New _____ Renewal _____

YOUTH (12-17) \$15.00 _____ INDIVIDUAL \$25.00 _____ FAMILY \$35.00 _____

*****Family Membership includes Head of Household/Spouse & Children under 21 year of age**

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, 14805 Pecos St., Westminster, CO 80023

Questions? - Call Scott 970-209-2281 or Kristi 970-209-2670