

MEMBERSHIP RENEWAL FORM

As a valued CWCIA member, we wish to inform you that it is time to renew your membership for the upcoming year. Your membership renewal is for one individual.

Please complete this form and make any necessary changes.

Name/ Business Name:		
Address:		
City:		
Business Tel.:	Fax #:	Home Tel.:
Mobile #:	E-Mail:	
Applicant's Classification: (circle one) A (Independent Contractor) B (Interpreter employed full-time)		
C (Operated/Owned by interpreter that services own accounts) D (Agency) E (Other) F (Associate Member)		

Please Select ONE Region: (circle one) Northern Bay Areas Central Valley Central Coast				
Inland Empire	Los Angeles County	High Desert	Coachella Valley	Northern California
Orange County	San Diego	Ventura County		

Please make your check payable to **CWCIA**. The annual renewal fees are: \$150.00 for Agencies and \$75.00 for Independent/Freelance Interpreters or Associate Members.

Check #	Date	Check Amount:
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Applicant's Signature _____

Date: _____

Your CWCIA membership fee is a legitimate business expense and your support to CWCIA is highly appreciated. Please visit our website **CWCIA.com** for information and current events.

If you have any inquiries regarding this application, please call Lupe Manriquez @ (909) 261-1070.

Please mail your renewal application to: **CWCIA, 23441 Golden Springs Rd., #109, Diamond Bar, CA 91765**

Form received by: _____ [] Membership Chair [] Secretary [] Treasurer [] V. President [] President