



COLORADO WATER CONGRESS

MEMBERSHIP APPLICATION

1580 Logan Street Suite 700 Denver, CO 80203 303-837-0812
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TO: Board of Directors
Colorado Water Congress
1580 Logan Street, Suite 700
Denver, CO 80203

The undersigned believes in furthering a statewide program for the conservation, development, and protection of the ground and surface waters of the State of Colorado; and, therefore, I/we wish to affiliate with the Colorado Water Congress.

Organization Name: _____

Address: _____

City/State/Zip: _____

Key Contact Person: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Selected Annual Dues Amount: _____

Please either enclose a check made payable to the Colorado Water Congress or download the credit card form from our website under the payments tab on the left navigation bar and follow instructions on the form. All future invoices and requests to update membership information will be sent to the key contact person. If you would like to have our enewletters sent to other employees in your organization, please list those on a separate sheet including their name, email, and phone number. Thank you for your interest in joining the Colorado Water Congress.

Signature authorizing membership

Title

Date