



Connecticut Association of Conservation and Inland Wetlands Commissions, Inc.

MEMBERSHIP RENEWAL NOTICE

To: CACIWC Members and Supporters:

Membership Dues For July 1, 2016 through June 30, 2017 Are Due.

Please Consider Renewing Your Membership.

Your annual dues support CACIWC education and outreach programs, the Annual Meeting and Environmental Conference, the publication and distribution of our newsletter The Habitat, the CACIWC.org website and CACIWC's operational budget. The Board of Directors did *not* raise dues for the 2016-17 year.

Your continued support is vital to our mission to promote the statutory responsibilities of Connecticut Conservation Commissions and Inland Wetland Agencies, and to foster environmental quality through education and through the conservation and protection of wetlands and other natural resources.

CACIWC is a 501(c)(3) non-profit organization.

Please complete the attached membership form and return to:

CACIWC; De Koven House Community Center; 27 Washington Street, Middletown, CT 06457

CACIWC MEMBERSHIP - July 1, 2016 through June 30, 2017

Voting: Commissions & Agencies

- One Commission \$ 60.00
- One Commission (Sustaining Member) \$ 75.00
- Two Commissions \$ 110.00
- Two Commissions (Sustaining Member) \$ 150.00

- Membership Renewal
 - New Membership

Non-Voting: Individual, Organization, Business

- | | | | |
|---|----------|--|-----------|
| <input type="checkbox"/> Saw-Whet Owl | \$35.00 | <input type="checkbox"/> Organization/Business | \$ 50.00 |
| <input type="checkbox"/> Long-Eared Owl | \$50.00 | <input type="checkbox"/> Organization/Business (Supporting Member) | \$ 100.00 |
| <input type="checkbox"/> Great-Horned Owl | \$100.00 | <input type="checkbox"/> Individual | \$ 20.00 |
| | | <input type="checkbox"/> Individual (Benefactor) | \$ 100.00 |

Please visit www.caciwc.org and click on "Support CACIWC" for additional information

CONTACT INFORMATION:

Commission/Organization/Individual Name: _____

City/Town: _____ # of Commission Members & Staff: _____

Address: _____

Phone #: _____ email: _____

Chairperson's Name: _____

Address: _____

Staff Person's Name: _____ Phone/email: _____ / _____

NOTE: If membership payment is for two commissions please complete the following.

Name of 2nd Commission: _____ # of Commission Members & Staff: _____

Chairperson's Name: _____

Address: _____

Staff Person's Name: _____ Phone# /email: _____

Please make checks payable to: CACIWC