

Connecticut Association of Conservation and Inland Wetlands Commissions, Inc.

MEMBERSHIP APPLICATION & RENEWAL FORM

To: CACIWC Members and Supporters:

Membership Dues for July 1, 2025, through June 30, 2026, are now due.

Please join CACIWC or renew 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. Please note that we have not increased membership fees for the 2025-2026 fiscal year.

Your continued support is vital to our mission to promote the statutory responsibilities of Connecticut Conservation Commissions and Inland Wetlands 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 form below and return it with your check payable to CACIWC at: CACIWC; deKoven House Community Center; 27 Washington Street, Middletown, CT 06457

CACIWC MEMBERSHIP - July 1, 2025, through June 30, 2026 **Voting: Commissions & Agencies** \$ 65.00 ☐ One Commission ☐ Membership Renewal ☐ One Commission (Sustaining Member) \$ 75.00 □ New Membership \$ 120.00 ☐ Two Commissions ☐ Two Commissions (Sustaining Member) \$150.00 Non-Voting: Individual, Organization, Business ☐ Organization/Business \$ 50.00 ☐ Individual \$25.00 ☐ Student \$10.00 ☐ Saw-whet Owl \$35.00 ☐ Organization/Business (Supporting Member) \$ 100.00 \$50.00 ☐ Organization/Business (Sustaining Member) ☐ Long-eared Owl \$ 250.00 \$100.00 ☐ Individual (Lifetime) \$ 750.00 ☐ Great Horned Owl Please visit www.caciwc.org and click on "Support CACIWC" for additional information. **CONTACT INFORMATION:** Commission/Organization/Individual Name: Address: ____ ____email (required): ____ Phone: Chairperson's Name: _____email:_____ Staff Person's Name: _____Phone/email: _____/ **NOTE:** If membership payment is for two commissions, please complete the following. Name of 2nd Commission: Address: Phone: ____email (required): _____ Chairperson's Name: email: Staff Person's Name: Phone/email: /