

**CTAS Membership Application:**  New  Renewal  Individual \$30/yr  Family \$30/yr  
(Family Membership: Reside in same household and/or children 18 years of age and under)

Name: \_\_\_\_\_ E- mail \_\_\_\_\_  
(PLEASE PRINT) *Last* *First*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home phone Business phone

Additional family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CTAS**  
**P. O. Box 4262**  
**Grand Junction, CO 81502**