

AFFILIATED ORGANIZATION MEMBERSHIP FORM

Organization Name: \_\_\_\_\_

Organizational Structure/ Leadership:

501C3 Organization? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Board of Directors? Yes \_\_\_ No \_\_\_ Number of Officers? \_\_\_ Other \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Organization

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

Highlight your Major Events of the Year

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

Number of female participants: \_\_\_\_\_

Mail completed Form to:

CWSFA

1216 Robertson Street

Fort Collins, CO 80524