

CASAP

California Association of Standards and Agricultural Professionals

2009 Membership Application

Please indicate: New Member Renewal Membership

Please print neatly:

Name: _____

Work Address: _____

_____ Zip Code _____

Mailing Address: _____

_____ Zip Code _____

County/Agency you are employed by: _____

Telephone: Work (____) _____ Fax (____) _____

E-mail: _____

Please indicate membership classification:

Active Member (any licensed professional of the County Agricultural Commissioners and Sealers staff)

Association Member (any non-licensed professional of the County Agricultural Commissioners and Sealers staff or persons possessing a license, but not employed by a County Agricultural Commissioner or Sealer)

CASAP Regions:

NORTH SAC VALLEY SAN JOAQUIN COAST SOUTH

Annual Dues Per Calendar Year: \$25.00

Please make check payable to CASAP and mail with application to:

Solano County Ag.
Attn: Steve Paris/CASAP
501 Texas Street
Fairfield, CA 94533

May we post your e-mail address on the CASAP website? _____

Amount Paid _____ **Check Number** _____ **Cash** _____

Would you like to be more involved with CASAP? _____

Would you like to organize a workshop in your county? _____

Would you like to become a CASAP Board of Directors member? _____