



Membership Form

- I am a: New Member
 Returning member (after more than one year's absence)
 Renewal

NAME: _____

AGENCY: _____

JOB TITLE: _____

TELEPHONE: Desk: _____ Cell: _____

FAX: _____

Email: _____

MAILING ADDRESS: _____

Please report changes in your contact information as soon as possible.

Annual membership dues are \$20.00. Memberships are not transferrable from one individual to another. Please make checks payable to CWFC and mail to:

**1963 South Vivian Street
Lakewood, CO 80228**

Thank you for working to uphold the mission and goals of the Colorado Welfare Fraud Council.