

*Please write legibly*

Your information on this side. Your renter's information on the opposite side (if applicable).

**Name(s):** .....

**Email address(es) [MOST important]:** .....

.....

**Phone(s):** .....

**Local Address:** .....

.....

**Mailing Address (if different):** .....

.....

Please mail your check for the 2025 voluntary contribution of \$35.00 to: CWNA, PO Box 4032,  
Carmel, CA 93921-4032 with this form payable to the CWNA.

*Please write legibly*

Renter information (if applicable). Your information on the opposite side

**Name(s):** .....

**Email address(es) [MOST important]:** .....

.....

**Phone(s):** .....

**Local Address:** .....

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