CAMCA MEMBERSHIP APPLICATION

Membership Year: _____

Membership applications will not be processed until Membership Dues have been received. Membership must be renewed annually.

Jurisdiction/Municipality: _____

Contact Name: _____

Mailing Street Address: _____

City, State, Zip: _____

Physical Street Address (if different): _____

City, State, Zip: _____

Work Phone #: _____ Fax #: _____

MEMBERS:

Name: _____ Title: _____
☐ New Membership ☐ Renewal
☐ Yes, CAMCA listserv access ☐ No, CAMCA listserv access

Name: _____ Title: _____
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☐ New Membership ☐ Renewal
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☐ I would like to host a CAMCA meeting or training at my court.

Make checks payable to:

CAMCA
Terrie Langham, CAMCA Treasurer
Denver County Court
1437 Bannock Street
Denver, CO 80202