



# THE CONNECTICUT ASSOCIATION OF STREET AND HIGHWAY OFFICIALS, INC.

P.O. Box 47, Middletown, CT 06457

## REGULAR MEMBER INFORMATION

*(Please print or type)*

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Municipality Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### Check One:

Send correspondence   
to WORK?

Send correspondence   
to HOME?

Signature: \_\_\_\_\_

Check or money order in the amount of **Fifty dollars (\$50.00)** made payable to **CASHO, Inc.** covering dues for one year must accompany this application and be forwarded to the Secretary-Treasurer at the above address. Membership card will be mailed upon payment of dues.

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