



APPLICATION FOR ASSOCIATE MEMBERSHIP

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: _____

CELL: _____ E-MAIL _____

TYPE OF BUSINESS: ___ Corporation ___ Partnership ___ Other

Principal Representative With Association Activities, Receive Mail, etc.

NAME: _____ TITLE: _____

Primary Products or Services: _____

I understand that to be a member in good standing and to receive full Membership benefits and privileges, we are required to make monthly payments in a timely manner.

Association Membership Dues: \$75.00 per month/ or \$900 per year

Please return this application with payment to: California Waste & Recycling Assoc.

20409 Yorba Linda, #210

Yorba Linda, CA 92886