



Affiliate Membership Application / Information Update

Date: _____

Corporate Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office #: _____ Office Fax #: _____

Membership Levels:

- Level 1: 1 - 2 Representatives, \$100 Annual Dues based upon calendar year
- Level 2: 3 - 5 Representatives, \$150 Annual Dues based upon calendar year

Designated Affiliate Representatives:

	Name	Phone	E-Mail
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I understand that dues are based on the calendar year January—December. The enclosed dues are for the Sierra Nevada CRS Chapter Affiliate membership for the current year. Representatives named for affiliate members shall have 1 vote each and are able to hold Committee Chairs, serve on committees, but may not hold officer positions. Each designated affiliate representative may participate at the discounted membership participation fee for Chapter events.

Please return this application with your Annual Affiliate Membership Fee made payable to “CRS” to: **Bonnie Dailey, CRS**
Sierra Nevada CRS Membership Chair
1030 Caughlin Crossing
Reno, NV 89519

**For more information contact: Erin Schiller, Affiliate Chair 775-772-0276
or Bonnie Dailey at 775-284-3028 or Fax 775-746-7010**