To: CACIWC Members and Supporters:

**Membership Dues for July 1, 2021 through June 30, 2022 Are Due.**

Please consider joining CACIWC or renewing your membership.

Your annual dues support CACIWC education and outreach programs, the Annual Meeting and Environmental Conference, the publication and distribution of our newsletter The Habitat, the CACIWC.org website and CACIWC’s operational budget. Please note that we have not increased membership fees for the 2021-2022 fiscal year.

Your continued support is vital to our mission to promote the statutory responsibilities of Connecticut Conservation Commissions and Inland Wetlands Agencies, and to foster environmental quality through education and through the conservation and protection of wetlands and other natural resources.

CACIWC is a 501(c)(3) non-profit organization.

Please complete the below form and return with your check payable to CACIWC at:
CACIWC; deKoven House Community Center; 27 Washington Street, Middletown, CT 06457

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**CACIWC MEMBERSHIP - July 1, 2021 through June 30, 2022**

<table>
<thead>
<tr>
<th>Voting: Commissions &amp; Agencies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ One Commission</td>
<td>$65.00</td>
</tr>
<tr>
<td>☐ One Commission (Sustaining Member)</td>
<td>$75.00</td>
</tr>
<tr>
<td>☐ Two Commissions</td>
<td>$120.00</td>
</tr>
<tr>
<td>☐ Two Commissions (Sustaining Member)</td>
<td>$150.00</td>
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</tbody>
</table>

**Non-Voting: Individual, Organization, Business**

| ☐ Individual | $25.00 | ☐ Organization/Business | $50.00 |
| ☐ Saw-Whet Owl | $35.00 | ☐ Organization/Business (Supporting Member) | $100.00 |
| ☐ Long-Eared Owl | $50.00 | ☐ Organization/Business (Sustaining Member) | $250.00 |
| ☐ Great-Horned Owl | $100.00 | ☐ Individual (Lifetime) | $750.00 |

Please visit [www.caciwc.org](http://www.caciwc.org) and click on “Support CACIWC” for additional information.

**CONTACT INFORMATION:**

Commission/Organization/Individual Name: ____________________________

City/Town: ____________________________

Address: ____________________________

Phone: ____________________________  email (required): ____________________________

Chairperson’s Name: ____________________________  email: ____________________________

Staff Person’s Name: ____________________________  Phone/email: ____________________________  / ____________________________

**NOTE:** If membership payment is for two commissions please complete the following.

Name of 2nd Commission: ____________________________

Address: ____________________________

Phone: ____________________________  email (required): ____________________________

Chairperson’s Name: ____________________________  email: ____________________________

Staff Person’s Name: ____________________________  Phone/email: ____________________________  / ____________________________

Please make checks payable to: CACIWC