

The California Workforce Connection (CWC) of Workforce Professionals appreciates you and we want to thank you in advance for your continued support and involvement with CWC.

The mission of CWC is to develop, serve, and support those interested in workforce development programs.

The CWC Chapter is comprised of four districts and thirteen chapters. Between annual conventions, the affairs of the CWC Chapter are administered by the California Chapter Board of Directors. Please contact your local Chapter President for local events and training opportunities

CWC RENEWAL NOTICE

Print or type your information below and mail with your check or money order to:

Name:						
iamo.	Last,	First,	MI			
Address: _						
	Number and Stree	t Address		City	State	Zip Code
ocal Chap	ter:		Home or Cel	I phone Num	ber: ()	
Home e-ma	il address:					
	<u> Type</u>	e of Member &	Association	<u>Annual Dues</u>	Amount	
Please ch	eck the type o	f member:				
☐ State of Cal	ifornia EDD Employee	Bargaining Unit	1, 2 or 4: \$48.00			
☐ State of Cal	ifornia Employee (Non	-EDD): \$98.00				
] Non-State E	Employee (WIOA, Busir	ness, etc.): \$98.0	00			
		Payment	: Amount:		_	
□Check	Payment: I herek	by agree to be	sent an ann	ual invoice fo	r renewal of du	es.
		Make cl	heck out to	: CWC		
Sian:	Date:					

Note: State of California employees may opt to have your CWC membership dues paid each month via automatic payroll deduction. The automatic deduction for your CWC membership dues should be deducted on each pay period. If you would like to have automatic deductions taken instead of being billed please complete the attached CWC application.

Mail form (and payment) to: CWC Membership Coordinator, P.O. Box 7858, Oxnard, CA 93031