

C.W.F.I.A. MEMBERSHIP

Application/Renewal/Address Change

California Welfare Fraud Investigators Association

P.O. Box 1738
Placerville, CA 95667
Phone : (530) 957-4153



www.cwfia.org

MEMBERSHIP Period: July 1, 2018 - June 30, 2019

Personal Information (Complete your information, choice of payment, and send via U.S. Mail or E-mail to JeanYurkovic@cwfia.org)

First Name: Middle Initial: Last Name:
Title/Position: County:
Agency: Address:
City: State: Zip Code:
Office Phone: Office E-mail:
Preferred Mailing Address:
City: State: Zip:

New Application Renewal Application LIFE Membership Request Address Change

Active Membership: \$40 per year
(Persons actively employed in prevention, investigation, prosecution, or administration of PA Fraud Programs)

Associate Membership: \$25 per year
(Persons who actively support the ideals of CWFIA, but do not meet the Active Membership criteria)

Agency Membership: must include completed form for each membership paid by agency
(\$40 Active Membership / \$25 Associate Membership)

METHOD OF PAYMENT

Check: Make check payable to CWFIA and mail to P.O. Box 1738, Placerville, CA 95667

Credit Card Mastercard Visa DiscoverCard This is a County/Agency credit card

** Card Number: Expiration Date: /

Cardholders Name: Date:

Authorized Signature: (If mailed)

** In complying with credit card security requirements, and to complete this transaction, you must contact Jean Yurkovic at (530) 957-4153 or JeanYurkovic@cwfia.org with the **3-digit security code** located on the back of the credit card you are providing **

Please mail receipt to:

Keep us informed of your correct contact information so you continue to receive the **INTERCOM** and other CWFIA correspondence.
(CWFIA Tax ID #23-7230828)

Office Use: Email Distribution List CWFIA Website UCOWF Website Email Notifications (Rev 3/2018)