

INSTRUCTIONS:

Please print this document double sided (card stock is recommended).
Cut along the dotted line, fill out your information and sign the card.
Place the appropriate postage and drop it in the mail.



YES! I want to join with my fellow employees and become a member of Colorado WINS.



Print Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Home Address: _____ City: _____ Zip: _____

Department: _____ Job Class Code: _____

Worksite Street Address: _____

I hereby request and voluntarily authorize the State of Colorado to deduct an amount equal to the regular monthly dues uniformly applicable to members of Colorado WINS in accordance with the organization's bylaws. This authorization shall remain in effect and shall be irrevocable unless I revoke it by sending written notice by means of fax, email or registered mail, received by WINS during a period of 30 calendar days immediately succeeding any yearly period subsequent to the date of this authorization and shall be automatically renewed as an irrevocable check-off from year to year unless revoked as herein provided, irrespective of my membership in WINS.

SIGNATURE: _____ **DATE:** _____

Contributions or gifts to ColoradoWINS are not tax deductible as charitable contributions. However, they may be tax-deductible as ordinary and necessary business expenses.

Colorado WINS | 2525 W. Alameda Avenue | Denver, CO 80219 | 303.727.8040

THANKS FOR BECOMING A MEMBER!



2525 W. Alameda Ave.
Denver, CO 80219
303.727.8040



PLEASE
PLACE
STAMP
HERE

COLORADO WINS

2525 W. ALAMEDA AVE.
DENVER, CO 80219-3010