

California Straw Building Association

Name:

Business Name (optional):

Address:

Phone(s):

FAX:

E-Mail:

Web address (if applicable)

Yes, my membership check for \$ _____ (\$50 suggested) is enclosed. Please make it out to CASBA.

Are you:



<input type="checkbox"/> a student	<input type="checkbox"/> a contractor	<input type="checkbox"/> an engineer
<input type="checkbox"/> a farmer	<input type="checkbox"/> an architect	<input type="checkbox"/> and/or other
<input type="checkbox"/> a building official	<input type="checkbox"/> a tradesperson	

All our members receive a CASBA membership roster. Can we include you?

yes no

Are you willing to volunteer some of your time for CASBA projects?

yes no

If so, what kind of projects would you be interested in?

What services would you like to see CASBA provide?

Thanks!

Welcome to CASBA