



Membership Application

(include all information you wish to publish in the Directory)

Name _____

Media Affiliation _____

Business Address _____

City, State, Zip _____

Business Phone _____

Home Address _____

City, State, Zip _____

Home Phone _____

Send TAFWA mail to home or business? _____

Mobile Phone _____

E-mail Address _____

Send your completed application with an annual subscription check for \$30, payable to TAFWA, to Tom Casacky, TAFWA Treasurer, PO Box 4288, Napa, CA 94558 (USA).

All applications are subject to review before acceptance.