



CAS LADIES AUXILIARY  
Membership Application Form

Please complete this form and mail it with your check payable to:  
CAS Ladies Auxiliary, Annette Smith, President,  
4050 South Hulen Street, Fort Worth, TX, 76109. (817) 731-4721

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

\_\_\_\_\_ \$25.00 Annual Membership

\_\_\_\_\_ \$250.00 Life Membership

\_\_\_\_\_ I am already a Life Member. Please accept my donation of  
\$\_\_\_\_\_.

Paid: \_\_\_\_\_

Check # \_\_\_\_\_

Amount: \$ \_\_\_\_\_