



THE CONNECTICUT ASSOCIATION OF STREET AND HIGHWAY OFFICIALS, INC.

P.O. Box 47, Middletown, CT 06457

ASSOCIATE MEMBER INFORMATION

(Please print or type)

Date: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Firm Name: _____

Title: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____ Extension: _____

Email: _____ Fax Number: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____ Alt. Phone: _____

Check One:

Send correspondence
to WORK?

Send correspondence
to HOME?

Signature: _____

Check or money order in the amount of **two hundred fifty dollars (\$250.00)** made payable to **CASHO, Inc.** covering dues for one year must accompany this application and be forwarded to the Secretary-Treasurer at the above address. Membership card will be mailed upon payment of dues.

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