



Membership Form

Company Name:			
Address:			
City:		Zip:	
Website:			
Authorize website:	<input type="checkbox"/> Yes, we want to be recognized as a member on the CWITA website.		

Contact Information

There can only be one voting member per company, however multiple representatives can be involved in the different workgroups. Please identify the contact's role (i.e. primary contact/voting member, identify workgroup interest, HR contact, etc.)

Name	Title	Email	Role
			Voting Member/Primary Contact

Future of Information Technology

What K-16 outreach program(s) is your company interested in? (check all that apply)	<input type="checkbox"/> CWITA Mentorship Program <input type="checkbox"/> College Internships <input type="checkbox"/> Guest speaking opportunities	<input type="checkbox"/> Youth Apprenticeship <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> Company Tours
Which CWITA initiative(s) is your company interested in participating in? (check all that apply)	<input type="checkbox"/> Community Development <input type="checkbox"/> K-12 <input type="checkbox"/> Higher Education	<input type="checkbox"/> Marketing <input type="checkbox"/> Membership
If your company currently supports generating interest in IT careers in the K-16 environment, how do you accomplish this?		