



VOLUNTEER FORM

Name _____

Address _____

City/State/Zip _____

Email _____

Phone Number _____

Please select one: **Individual** **Business**

If applicable, name of business _____

Would you like to...

- Join CTWC to help protect our lakes and our water?
- Receive CTWC Newsletter?
- Get more involved with the CTWC and Volunteer?
- Be willing to sponsor or host a CTWC event?
- Receive the CTWC White Paper outlining the flaws in the LCRA's Water Management Plan?



Scan to Donate and Learn More About CTWC