



Clearwater Economic Development Association

Please complete the following information and submit the completed form with your membership contribution.

Form and payment should be sent to:
CEDA, 1626 6th Ave. N., Lewiston, ID 83501

For questions, please contact CEDA at (208) 746-0015

Membership Application

Annual Membership Fee: _____

Organization Information

Organization Name: _____ Date: _____

Address: _____

Street Address

Suite/Space #

City

State

ZIP Code

Phone: () _____ Fax: () _____

Web Address: _____

Representative Contact Information

Representative Name: _____

Title: _____

If the representative prefers correspondence to be sent to a different address than what is listed under "member organization", please fill in information below:

Address: _____

Street Address

Suite/Space #

City

State

ZIP Code

Phone: () _____ Fax: () _____

E-mail Address: _____

Alternate Representative Contact Information

Representative Name: _____

Title: _____

If the representative prefers correspondence to be sent to a different address than what is listed under "member organization", please fill in information below:

Address: _____

Street Address

Suite/Space #

City

State

ZIP Code

Phone: () _____ Fax: () _____

E-mail Address: _____