

2012 Membership Application Form

Annual Dues (January 1 - December 31)

_____ Organization dues - \$250

_____ Community Coalition dues - \$100

_____ Individual dues - \$50

_____ Tax Deductible Donation **Total Amount Enclosed \$** _____



Please complete:

Name _____

Title _____

Organization _____

Address _____

City _____ Zip Code _____

Email _____

Phone _____ Fax _____

Website _____

Optional for organizational or community coalition membership:

Name of representative #2 _____

Title _____

Organization _____

Address _____

City _____ Zip Code _____

Email _____

Phone _____ Fax _____

Payment Information: Check enclosed (payable to CCCC) Credit card (Visa or Master Card):

CC#: _____ exp. ____/____ Security Code: _____

Billing Address: _____

Signature: _____

Please send payment or payment information and return with form to:

**Coalition for Compassionate Care of California
1331 Garden Highway, Suite 100
Sacramento, CA 95833**

Questions? - Please call us at (916) 489-2222 or email us at info@CoalitionCCC.org