

# 2010 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: California Coalition for Compassionate Care, 1215 K Street, Suite 1917, Sacramento, CA 95814**

**Membership Agreement:**

*As an applicant to the California Coalition for Compassionate Care, I/we do affirm to voluntarily abide by and support the goals and objectives of the organization. In addition, I/we agree to accept e-mail communications from CCCC relative to the business of the organization.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Questions?** - Please call us at (916) 489-2222 or email us at [info@finalchoices.org](mailto:info@finalchoices.org)