

Membership Application 2026

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA



MEMBERSHIP APPLICATION

Annual dues for membership through December 31, 2026

ORGANIZATION		
REPRESENTATIVE'S NAME		TITLE
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL	WEBSITE	
PHONE	FAX	
BILLING CONTACT (IF DIFFERENT FROM ABOVE)		TITLE
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL		
PHONE		

MEMBERSHIP DUES BASED ON ANNUAL OPERATING BUDGET (CHECK ONE)

<input type="checkbox"/> \$385 <i>Budget is under \$500K</i>	<input type="checkbox"/> \$550 <i>Budget is \$500K to \$999.9K</i>	<input type="checkbox"/> \$1,100 <i>Budget is \$1M to \$4.9M</i>	<input type="checkbox"/> \$1,650 <i>Budget is \$5M to \$9.9M</i>	<input type="checkbox"/> \$3,300 <i>Budget is \$10M to \$4.9B</i>	<input type="checkbox"/> \$5,500 <i>Budget is \$5B to \$20B</i>	<input type="checkbox"/> \$8,500 <i>Budget is \$20B+</i>
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PAYMENT INFORMATION: CHECK ENCLOSED INVOICE ME CREDIT (VISA, DISCOVER, MASTERCARD)

CARD NUMBER	EXPIRATION	SECURITY CODE
NAME ON CARD		
BILLING ADDRESS		
CITY	STATE	ZIP CODE
SIGNATURE	DATE	

RETURN FORM WITH PAYMENT INFORMATION TO:

Coalition for Compassionate Care of California
2530 River Plaza Dr., Ste. 200, Sacramento, CA 95833

QUESTIONS:

(916) 489-2222
info@CoalitionCCC.org