



## MEMBERSHIP APPLICATION

Annual dues for membership through December 31, 2019

<b>ORGANIZATION</b>		
<b>REPRESENTATIVE'S NAME</b>		<b>TITLE</b>
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>EMAIL</b>	<b>WEBSITE</b>	
<b>PHONE</b>	<b>FAX</b>	
<b>REPRESENTATIVE #2 (OPTIONAL)</b>		<b>TITLE</b>
<b>ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>EMAIL</b>		
<b>PHONE</b>	<b>FAX</b>	
<b>MEMBERSHIP DUES</b> BASED ON ANNUAL OPERATING BUDGET (CHECK ONE)		
<input type="checkbox"/> <b>\$250</b> <i>Budget is under \$500,000</i>	<input type="checkbox"/> <b>\$350</b> <i>Budget is \$500,000 to \$1,000,000</i>	<input type="checkbox"/> <b>\$500</b> <i>Budget is \$1,000,000 to \$5,000,000</i>
<input type="checkbox"/> <b>\$750</b> <i>Budget is \$5,000,000+</i>		
<b>PAYMENT INFORMATION</b> <input type="checkbox"/> CHECK ENCLOSED <input type="checkbox"/> INVOICE ME <input type="checkbox"/> CREDIT (VISA, DISCOVER, MASTERCARD)		
<b>CARD NUMBER</b>	<b>EXPIRATION</b>	<b>SECURITY CODE</b>
<b>NAME ON CARD</b>		
<b>BILLING ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>SIGNATURE</b>		

**OR PAY ONLINE AT**  
[COALITIONCCC.ORG/MEMBERSHIP](http://COALITIONCCC.ORG/MEMBERSHIP)

**RETURN FORM WITH PAYMENT INFORMATION TO:**  
 COALITION FOR COMPASSIONATE CARE OF CALIFORNIA  
 2530 RIVER PLAZA DRIVE, SUITE 110, SACRAMENTO, CALIFORNIA 95833

**QUESTIONS**  
 (916) 489-2222  
[membership@CoalitionCCC.org](mailto:membership@CoalitionCCC.org)