

Community Coalition Membership Application Form



\$100 Annual Dues (January 1 - December 31)

This membership level is for community-based coalitions working to promote advance care planning and improve end-of-life care at the local or regional level.

About your Community Coalition:

Coalition's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Coalition Email: _____

Phone: _____ Fax: _____

Coalition Website: _____

Coalition Representatives:

Representative #1 Name: _____

Title and Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Representative #2 Name: _____

Title and Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Payment Information:

- Check enclosed (payable to CCCC)
- Please invoice me
- Credit card information below

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip: _____

Please send this form and your payment information to membership@CoalitionCCC.org or mail to:

Coalition for Compassionate Care of California
2530 River Plaza Drive, Suite 110
Sacramento, CA 95833

or pay online today at
CoalitionCCC.org/membership

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