

CIFAC MEMBERSHIP APPLICATION

First Name

Last Name

Organization Represented

Address 1

Address 2

City

State

Zip Code

Executive Officer's Name

Executive Officer's Phone Number

Executive Officer's Fax Number

Executive Officer's Email

Contact Person's Name

Contact Person's Phone Number

Contact Person's Fax Number

Contact Person's Email

MEMBERSHIP LEVEL (CHECK ONE)

Associate Member	0-450 Members	451-1000 Members	Over 1000 Members
<input type="checkbox"/> Non-Voting	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,500

Brief description of your organization and its mission

**Call Shawneen Allen
at 800-755-3354
for information**

Please send your application and a check for the appropriate amount, payable to CIFAC.

**CIFAC
2420 Martin Road, Suite 250
Fairfield, CA 94534**

To apply online, visit cifac.org/become-a-member

Issues of special interest to your members

Signature

Date