

January 1 – December 31, 2011
ORGANIZATIONAL MEMBERSHIP APPLICATION
(See Reverse for Individual Membership Application)
 ___ **Renewal** ___ **New**

Organizational Name _____ County _____ Address _____ City/St/Zip _____

Please list up to **seven** individuals included in the Organizational Membership. Also, indicate one category code (see over for listing).

1. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

2. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

3. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

4. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

5. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

7. Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

7 Name _____ Title _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____ Cat.Code _____

If any member wishes to serve on a **CADCP Committee**, please list below:

Name _____ Area of Interest _____
 Name _____ Area of Interest _____

Organizational Membership dues for the current calendar year are \$150.00
Please make check payable to CADCP and remit to:
CADCP, P.O. Box 1089, San Leandro, CA 94577-0126