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# Associate Membership APPLICATION



**Thank you for your interest and support of CALAFCO.** Associate Member annual dues are based on a fiscal year beginning on 1 July. Please complete this form and return it with your check payable to "CALAFCO" to: CALAFCO, 1215 K Street, Suite 1650, Sacramento, CA 95814.

Membership Level:       **Gold** Associate (\$1,000)\*       **Silver** Associate (\$300)

Name of Individual, Firm or Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Please check the appropriate service areas for your organization:

- |   |  |
|---|--|
| <input type="checkbox"/> Municipal Service Reviews        | <input type="checkbox"/> Fiscal and economic studies       |
| <input type="checkbox"/> Planning                         | <input type="checkbox"/> CEQA compliance                   |
| <input type="checkbox"/> Legal services                   | <input type="checkbox"/> Geographic Information Systems    |
| <input type="checkbox"/> Office operations/file archiving | <input type="checkbox"/> Public participation              |
| <input type="checkbox"/> Computer/internet services       | <input type="checkbox"/> Public agency/management training |
| <input type="checkbox"/> Staff support                    | <input type="checkbox"/> Insurance/employee benefits       |
| <input type="checkbox"/> Other: _____                     |  |

Please provide a brief description (40 words maximum) of your primary activities:

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**\*Note:** Gold Associates, please include a disk with your logo (jpg or tif) for use on our web page and publications.



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CALIFORNIA ASSOCIATION OF LOCAL AGENCY FORMATION COMMISSIONS

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