
Associate Membership APPLICATION



Thank you for your interest and support of CALAFCO. Associate Member annual dues are based on a fiscal year from July 1 – June 30. Please complete this form and return it with your check payable to “CALAFCO” to: CALAFCO, 1020 12th Street, Suite 222, 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 (for our directory):

***Note:** Gold Associates, please provide your logo (jpg or tif) for use on our web page and publications.



CALIFORNIA ASSOCIATION OF LOCAL AGENCY FORMATION COMMISSIONS

1020 12th Street, Ste. 222 ♦ Sacramento, CA 95814
916-442-6536 ♦ Fax 916-442-6535 ♦ www.calafco.org