
Associate Membership APPLICATION

CALIFORNIA ASSOCIATION OF
LOCAL AGENCY FORMATION
COMMISSIONS



A S S O C I A T E M E M B E R

Thank you for your interest and support of CALAFCO. 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:

***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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