



California / Nevada
Community Action Partnership



Community Action
FULFILLING the PROMISE

Membership Application: Affiliate - \$150.00 per calendar year

Those corporations and/or sub-contractor agencies who support the efforts of the Corporation and desire to participate shall be eligible for a non-voting membership. This category of applicant is subject to a review process specific to this class of membership with the following provisions: The Affiliate member application must be endorsed by a Regular member agency.

Please type or print clearly

| | |
|--|----------------------|
| Organization Name: | |
| Business Address: Street: | Main Phone #: |
| City: | Main Fax #: |
| Web Site: | Zip Code: |
| Mailing Address (if different from above): Street: | |
| City: | Zip Code: |

| | | |
|--|----------------------|----------------------|
| Executive Director/CEO: | | |
| Mailing Address: (if different from above) Street: | | |
| City: | Zip Code: | |
| Direct Phone #: | Direct Fax #: | Direct Email: |

| | | |
|------------------------------------|----------------------|----------------------|
| Program Manager: | | |
| Mailing Address: Street: | | |
| City: | Zip Code: | |
| Direct Phone #: | Direct Fax #: | Direct Email: |

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ABOUT YOUR ORGANIZATION (The following information is to help build your Cal/Neva member profile so we can get to know you better)

Districts: _____
Assembly: _____
Senate: _____
Congressional: _____

Is your organization a CSBG sub-recipient? Yes No
Is your organization an energy sub-recipient? Yes No

Please list the CAA that is endorsing your membership: _____ *(Note: please be sure to include the letter of endorsement from the sponsoring CAA with this application.)*

TYPE OF AGENCY Public Private Non-Profit Corporation

Approximately how many people do you employ? _____ Full-time _____ Part-time

Geographic Service Area: Urban Rural Both

Indicate the areas in which your agency provides services: *(check all that apply)*

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Adult / Senior | <input type="checkbox"/> Econ/Community Dev | <input type="checkbox"/> Food / Hunger | <input type="checkbox"/> I & R / Outreach | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Education | <input type="checkbox"/> Head Start / Childcare | <input type="checkbox"/> IDA / Asset Bldg | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Child / Youth / Family | <input type="checkbox"/> Emergency / Safety Net | <input type="checkbox"/> Homeless | <input type="checkbox"/> Mental / Medical | <input type="checkbox"/> Volunteer Network |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Energy (LIHEAP, etc.) | <input type="checkbox"/> Housing | <input type="checkbox"/> Mentoring / Tutoring | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Other _____ | | | | |

Main Sources of Funding: *(check all that apply)*

- | | | | | |
|-------------------------------|---|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> CSBG | <input type="checkbox"/> DHHS | <input type="checkbox"/> WIA | <input type="checkbox"/> City | <input type="checkbox"/> County |
| <input type="checkbox"/> CDBG | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Foundations | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Donations |
| <input type="checkbox"/> DHCD | <input type="checkbox"/> Dept. of Education | <input type="checkbox"/> Corporations | <input type="checkbox"/> Other: _____ | |

What is your total annual budget from all sources? *(check one)*

- Up to - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 & over

The CEO/ED would like to receive Cal/Neva's: (check all that apply)

- E-Newsletters Annual Conference Notices Quarterly Membership Meeting Notices Informational Network Emails (listserv)

Additional contacts to add:

Name/title: _____ email address: _____

Name/title: _____ email address: _____

Name/title: _____ email address: _____

Name/title: _____ email address: _____

The CEO/ED would like more information about the following Cal/Neva committees: (check all that apply)

- Membership & Meetings (including annual planning team) Legislative & Public Policy Advocacy & Education

Please choose a method of payment:

Check Enclosed

Credit Card: Visa or MasterCard - Amount \$ _____

Credit Card Number

Expiration Date

Credit Card Billing Address including Zip Code

Cardholder Name

Cardholder Signature

As applicant or duly authorized "Designated Representative" of the applicant firm, I hereby declare under penalty of perjury that the contents of the application are true and correct. I acknowledge and pledge to adhere to Cal/Neva's policies, rules, regulations, and bylaws, all applicable laws and regulations, and the reasonable decisions of duly constituted committees of Cal/Neva.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Please Mail Payment, Completed Application AND Letter of Endorsement to:

California/Nevada Community Action Partnership
225 - 30th Street, Suite 200
Sacramento, CA 95816
Attn: Koleen Clary-Marler

02.22.11kb