CALIFORNIA COMMUNITY CHOICE ASSOCIATION

OPERATIONAL MEMBERSHIP APPLICATION

Applications are welcome from any California community choice program that is serving customers or which is actively in the process of getting ready to do so as evidenced by having submitted an Implementation Plan to the CPUC and appointed a General Manager or CEO. Operational Members have a voting seat on the CalCCA Board of Directors.

The entity listed below is requesting membership in CalCCA as an Operational Member, subject to approval by the CalCCA Board. To learn more about the applicable membership dues, please email beth@cal-cca.org and provide your estimated annual operating revenue for each of the next two fiscal years. Please attach a copy of the Implementation Plan submitted to the CPUC and this completed application.

Agency Name: __________________________________________________________

Tax Identification Number: ________________________________________________

Address: __________________________________________________________________

City: ___________________________ State: ________ Zip Code: __________

Website: __________________________________________________________________

The entity listed above is designating the following person to serve as their primary point of contact and to serve as the voting member of the CalCCA Board. This person must be an Executive or General Manager level staff person. It is the responsibility of the Operational Member to keep the primary point of contact current at all times.

Agency Representative: ____________________________________________________

Title: __________________________________________________________________

Office Phone: __________________________________________________________________

Cell Phone: __________________________________________________________________

Email: ___________________________________________________________________
Authorized Delegate*: ________________________________________________________________

Title: ___________________________________________ Phone: _____________________________

Email: ________________________________________________________________________________

*Authorized Delegates represent the Agency when the Agency Representative is unavailable

The information contained in this membership form is accurate and complete.

Signature: _______________________________________

Name: _______________________________________

Date: _______________________________________

Please submit completed application via email to info@cal-cca.org