



CALIFORNIA COMMUNITY CHOICE ASSOCIATION

AFFILIATE MEMBERSHIP APPLICATION

Applications are welcome from any incorporated California city, town or county, or JPA representing more than one of these local governments. Affiliate Members have access to educational sessions and materials. The applicant listed below is requesting membership in CalCCA as an Affiliate Member. No membership dues are associated with Affiliate Membership at this time.

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website: _____

The entity listed above is designating the following person to serve as their primary point of contact for all distribution of information. It is the responsibility of the Affiliate Member to keep the primary point of contact current at all times.

Primary Contact Name: _____

Title: _____ Phone: _____

Email: _____

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

Signature: _____

Name: _____

Date: _____

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