

CASP MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Title:	
Type of Membership: <input type="checkbox"/> Individual <input type="checkbox"/> Organizational	Phone:	Alternate Ph (Cell):	
Org Name:		Address:	
City: Salinas	State: CA	ZIP Code:	
Email:		Org URL:	

FOR INDIVIDUAL MEMBERSHIP:

Current employer:		
Employer address:		
Phone:	Fax:	Alternate Ph (Cell):
City:	State:	ZIP Code:
Position:	E-mail:	

FOR ORGANIZATIONAL MEMBERSHIPS:

Do you have the support of your manager/board/supervisor to participate? Yes No

You may identify one person to serve as your alternate. Please provide that person's contact information:

Name:	Title:
Email:	Phone:

ALL APPLICANTS PLEASE COMPLETE:

Please state your reason for joining CASP:

Please indicate which committees of CASP in which you are interested or on which you are willing to serve:

<input type="checkbox"/> Communications	<input type="checkbox"/> Community Engagement	<input type="checkbox"/> SWP
<input type="checkbox"/> Faith	<input type="checkbox"/> Grants	<input type="checkbox"/> OCA Task Force
<input type="checkbox"/> Prevention	<input type="checkbox"/> Other	

Please list other organizations in which you are currently active (professional organizations, Boards of Directors, civic groups, volunteer commitments):

SIGNATURE

By submitting this application, I agree to serve on the General Assembly of CASP in accordance with the expectations stated in the By-Laws and to represent CASP to the larger community in keeping with its mission and goals.

Signature of applicant:	Date:
Membership Committee Reviewed By:	Date: