



Community Alliance for Safety and Peace

MEMBERSHIP APPLICATION



APPLICANT INFORMATION		
Name:	Title:	
Type of Membership: <input type="checkbox"/> Individual <input type="checkbox"/> Organizational	Phone:	Alternate Phone (Cell):
Org. Name:	Address:	
City:	State: CA	ZIP Code:
Email:	Org. URL:	
FOR INDIVIDUAL MEMBERSHIP:		
Current employer:		
Employer address:		
Phone:	Alternate Phone:	Fax:
City:	State:	ZIP Code:
Position:	E-mail:	
FOR ORGANIZATIONAL MEMBERSHIPS:		
Do you have the support of your manager/board/supervisor to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
You may identify one person to serve as an 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"/> CASP Board of Directors	<input type="checkbox"/> Community Leadership/ Alumni	<input type="checkbox"/> Cross Functional Team
<input type="checkbox"/> Bright Beginnings	<input type="checkbox"/> Strategic Work Plan	<input type="checkbox"/> Communications
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:	
Processed and Reviewed By:	Date:	

Please email completed application to the City of Salinas, Community Safety Division
 communitysafetydivision@gmail or fax to (831) 758-7175.