

# CFRA NETWORK MEMBERSHIP FORM

(Note: a network must include 8 or more members)

Return this form with your payment or purchase order to: **CFRA, Nonprofit Innovation Center, 1331 Garden Highway Suite 146, Sacramento, CA 95833.**

**NETWORK NAME** \_\_\_\_\_

**DESIGNATED CONTACT (NAME & TITLE)** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

## NETWORK MEMBERS

*The following information **must** be provided for **each** network members. Please make copies for additional network members as needed.*

**NAME & TITLE** \_\_\_\_\_

ORG / AGENCY / CORP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

**NAME & TITLE** \_\_\_\_\_

ORG / AGENCY / CORP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

**NAME & TITLE** \_\_\_\_\_

ORG / AGENCY / CORP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_