



CACS and Foundation Membership Application

P.O. Box 22457 Sacramento, CA 95822

Tax I.D. 81-1929503

New Member

Renewal

Last Name _____ First _____ Spouse _____

Address _____ City _____ Zip _____ Day Phone _____

Night Phone _____ Email Address _____

Enclosed is my check for \$ _____ Please make checks payable to **CACS Foundation** and mail to the address above

All Membership Dues are for 2-Years

Single \$100

Couples and Family \$150