



2024 ASSOCIATE MEMBERSHIP

Please make any changes to the information below for verification purposes.

Company Name:
Contact Full Name:
Email Address:
Website:
Telephone Number:
Business Address:
Business City/State/Zip:
L License Number: _____

How would you like to receive the newsletter? Email Mail

Representative Full Name: _____
Telephone Number: _____
Email Address: _____
Business Address: _____
Business City/State/Zip: _____

2024 ANNUAL MEMBERSHIP DUES (PLEASE CHECK THE APPROPRIATE LINE)

Associate Membership

- Associate Membership (Vendors & Others).....**\$575** after 4/1 \$600
- Associate L License Membership**\$370** after 4/1 \$395

VOLUNTEER CONTRIBUTION FOR POLITICAL ACTIONS

- \$100 \$250 \$500 \$1,000 **or** \$ _____ (fill in your amount)
- Paying in full on this check (payable to CALSAFE)
- Please bill me for the PA contribution spread over 12 monthly installments
(on contributions of \$500 or more)

Note: While your membership is considered a non-profit donation, any volunteer contributions will be used for industry political activity and is therefore not considered tax deductible.

TOTAL ENCLOSED \$ _____

RENEW MEMBERSHIP ONLINE AT www.calsafe.com

Or mail completed application with dues to:

CALSAFE

3620 American River Drive, Suite 230

Sacramento, CA 95864

Membership renewals must be paid by March 31, 2024 or membership privileges will be suspended.