



California Supported Living Network

Membership Application and Renewal Form 2009

Membership Identity and Dues	Payment Received	
	BEFORE	AFTER
	FEB 28, 2009	MARCH 1, 2009
<ul style="list-style-type: none"> ○ Individual Stakeholder/Professional/Consultant For People NOT affiliated with a provider agency. Payment by PERSONAL CHECK only. ○ Service Recipient or Family Member of Service Recipient. For individuals receiving service or family member(s). Payment by PERSONAL CHECK only. ○ Agency For individuals working at provider agency. Payment by AGENCY/BUSINESS CHECK only. 	\$100.00.....	\$125.00
	\$50.00.....	\$50.00
	\$300.00.....	\$325.00

NEW MEMBERSHIP RENEWING MEMBERSHIP

MEMBERSHIP INFORMATION – Please fill out ALL information even if you are a current member!

Name _____

Agency Name _____

Agency Contact People (If Different) _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Vendoring Regional Center(s) _____

Agency Membership Only: Total Number of People Served: _____

Geographic Coverage (Cities, Counties, Etc): _____

Other Regional Centers Served _____

Services offered: SLS ILS Other _____

PAYMENT INFORMATION – MAKE CHECKS PAYABLE TO CSLN:

Send information and payment to: JNCS, ATTN: Jennifer Lengyel 1190 S. Bascom Ave, Suite 240, San Jose, CA 95128

FOR MORE INFORMATION CONTACT YOUR MEMBERSHIP CO-COORDINATORS: REBECCA BURKHARDT AT 818-361-6400 X 122 Email – Rebecca@jaynolan.org OR JENNIFER LENGYEL AT 408-293-5002 X 104 Email – jenlen@comcast.net.