



California Supported Living Network

Membership Application and Renewal Form 2010

Table with 3 columns: Membership Identity and Dues, Payment Received BEFORE FEB 28, 2010, Payment Received AFTER MARCH 1, 2010. Rows include Individual Stakeholder/Professional/Consultant, Service Recipient or Family Member of Service Recipient, and Agency.

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 _____ Website _____

Vendoring Regional Center(s) _____

Agency Membership Only: Total Number of People Served: SLS _____ ILS _____

Geographic Coverage (Counties): _____

Services offered: [] SLS [] ILS [] Other _____

PAYMENT INFORMATION - MAKE CHECKS PAYABLE TO CSLN OR RENEW YOUR MEMBERSHIP VIA PAYPAL ON THE CSLN WEBSITE: www.supportedliving.org

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.