

2018 Marin Chapter CLSA Membership Application

Name: _____ PLS, RCE, LSIT or EIT Number: _____

Company or Agency: _____

Mailing address: _____

City: _____ State: California Zip: _____

Work Email: _____ Personal Email: _____

Phone: (work) _____ Home: _____ Cell: _____

Corporate Dues \$ 50.00 \$ _____

Associate Dues \$ 20.00 \$ _____

Student Dues \$ 10.00 \$ _____

Type of Employment: Private Public Retired Student

Other _____

State CLSA Membership: Yes No

Marin Chapter will be my declared Chapter: Yes No

If 'No', declared Chapter is: _____

until further notice, please include me in the Marin CLSA Membership Directory

until further notice, please include me on the Marin Chapter Web-site:

with photo

without photo

Mail this form and check to:

Dominic Sanfilippo

PO Box 1796

Sonoma, CA 95476-1796

Or print or scan and send with your photo to: joshw@csbst2.com