

Join CAPCR

Yes! I/we want to become a partner of the CAPCR today!

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

_____ I/we would like to have information on other CAPCR programs.

_____ I/we would like to have information regarding membership on the CAPCR board.

I (we) wish to join at the following level (check one):

Individuals

Organizations

_____ Regular \$50 & above
\$50 & above

_____ Nonprofit organization
\$750 & above***

_____ Associate
\$75 & above

_____ Educational
\$1,000 & above**

_____ Lifetime Partner
\$600*

_____ Student
\$20 & above

Other amount \$ _____

*Option: pay \$150 per year for four years

**Option: pay in 10 equal monthly installments

All partnerships are renewable annually (except for lifetime membership). CAPCR is a non-profit center of the California State University, Sacramento Trust Foundation (tax identification #94-3001359)

Please make check payable to CAPCR

Amount enclosed: \$ _____

OR charge my _____ MasterCard _____ Visa

Name on card: _____

Card Number: _____ Exp. Date: _____

Authorized Signature: _____

Today's Date: _____