

Name of Organization _____

Mailing Address _____ **SF 941** _____ **Contact E-mail** _____

Current Officers

Name	Office	Address (with ZIP)	Email Address	Phone

Name	Office	Address (with ZIP)	Email Address	Phone

Name	Office	Address (with ZIP)	Email Address	Phone

CSFN Delegate

Name	Address (with ZIP)	Email Address	Phone

Alternate CSFN Delegates (Up to 2)

Name	Address (with ZIP)	Email Address	Phone

Name	Address (with ZIP)	Email Address	Phone

NEWSLETTER MAILING LIST - Each member is entitled to receive two copies of CSFN's monthly newsletter *Neighborhood Views* as part of their membership fee. The first copy goes to the delegate and the second to a person designated by the organization. A member of an organization's Board of Directors may subscribe to the CSFN newsletter at a rate of \$10 per year. Other persons may subscribe at \$15 per year. If you prefer to view the newsletter online or download it from the website www.csfn.net/newsletter check the box below and leave the following lines blank. Additional paid copies: use the back of this page include address and zip codes.

I/We prefer the newsletter online. Send one copy to Delegate. Send 2nd Copy of Newsletter to:

Name	Office	Address (with ZIP)	Phone

DUES, DONATIONS AND NEWSLETTER SUBSCRIPTIONS

CSFN Annual Membership dues are \$45. Organizations wishing to include an additional donation to CSFN are encouraged to do so. Please add \$10 for each additional newsletter subscription for your organization's board members and \$15 for other members. Make check payable to CSFN and mail to CSFN POBox 320098 SF CA 94132.

CSFN Membership Certification

Annual Membership Dues: \$45. _____
Newsletter Subscriptions: @ \$10. _____
Newsletter Subscriptions: @ \$15. _____
Additional Donation _____
Total to CSFN _____

CSFN Bylaws (Article II, Section A-G) require each voting member organization to certify that it has a membership of 35 or more in order to maintain voting privileges. Organizations not having the required membership are encouraged to join or retain membership as associate members without voting privileges.

Member Organization (35 or more members) _____

Associate (non-voting) Member Organization _____

Certifying Signature _____

Address if not listed above _____

Thank You!