Membership Form

The Central Valley Partnership

P.O. Box 5014, Fresno, CA 93755

Member Information			
Name			
Address			
City/State/Zip			
Phone			
E-Mail			
Organization(s)/Affiliation(s)			
Skills and Experience			
Tell us which of the following s	skills you po <mark>ssess and</mark>	might be willing to lend to	the Partnership:
Event planning Multimedia	_ Fun <mark>d-raising</mark> _ Communications	Activist recruitment Deliveries	Campaign work Legal analysis
Membership Dues			
Please clearly mark your level	of membership:		
Individual (\$35)	Partner (\$50)	Organiz	tation (\$250
Payment Type:	ARTN	ERSHI	P
Payment Submitted By:			
Payment Submitted To:			
Agreement and Signature			
Name (printed)	11		
Signature			
Date			

The Central Valley Partnership is a 501(c)(3) nonprofit organization (EIN 81-3125919).