



Placer Collaborative Network Membership Form

Date: _____

Agency/Organization Name: _____

Address: _____

Telephone: _____ Fax No: _____

Contact person and title: _____

Email: _____ Website: _____

2010 Dues Structure (please check one)

- | | | | |
|--|-------|--|-----------|
| <input type="checkbox"/> 1-2 Employees | \$125 | <input type="checkbox"/> 51-100 Employees | \$1,000 |
| <input type="checkbox"/> 3-10 Employees | \$250 | <input type="checkbox"/> 101-199 Employees | \$2,000 |
| <input type="checkbox"/> 11-25 Employees | \$500 | <input type="checkbox"/> Partner Level | \$3,000 + |
| <input type="checkbox"/> 26-50 Employees | \$750 | <input type="checkbox"/> Other _____ | |

Please make checks payable to:
Placer Community Foundation/Placer Collaborative Network Project

Send Membership Dues to:
Placer Collaborative Network
PO Box 9207
Auburn, CA 95604
Tax ID #20-1485011

Questions? Call Gail Catlin, PCN Coordinator at 916-285-1842

Thank you for your support!