



Placer Collaborative Network Membership Form

Date: _____

Agency Name: _____

Address: _____

Telephone: _____ Fax No: _____

Contact person: _____

Email: _____ Website: _____

2008 Dues Structure (please check one)

- | | | | |
|------------------------------------------|-------|--------------------------------------------|--------|
| <input type="checkbox"/> 1-2 Employees | \$125 | <input type="checkbox"/> 51-100 Employees | \$1000 |
| <input type="checkbox"/> 3-10 Employees | \$250 | <input type="checkbox"/> 101-199 Employees | \$2000 |
| <input type="checkbox"/> 11-25 Employees | \$500 | <input type="checkbox"/> 200+ Employees | \$3000 |
| <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 PCN at 530.885.4920

Thank you for your support!