

CALIFORNIA ACCESS COALITION MEMBERSHIP FORM

___ YES! Please sign us up as a member of the California Access Coalition through December 31, 2020.
We understand that membership is **FREE!**

Organization Name: _____

Representative Name: _____

Email/Phone: _____

Signature: _____

If you are a current member, and you would like to change your representative(s), please provide their name(s) and contact information below.

Please email this completed form to svue@ccbha.org.