



CCPOA Corporate Membership Application

Membership Dues Are Transferable Only Within Corporation

Agency or Company Name:	
Website Address:	
Name of 1 st Representative:	
Title:	
Mailing Address:	
City, State, Zip:	
County:	CCPOA Region #:
Daytime Phone:	Fax:
Email:	
Name as you would like it to appear on your ID badge:	
Name of 2 nd Representative:	
Title:	
Mailing Address:	
City, State, Zip:	
County:	CCPOA Region #:
Daytime Phone:	Fax:
Email:	
Name as you would like it to appear on your ID badge:	
Status:	
<input type="checkbox"/> Community Organization	<input type="checkbox"/> For-Profit Business
<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Other
All Corporate Memberships Will Be Reviewed And Approved By The State Board Of Directors.	
Recommended by (If Applicable):	
Corporate Membership Fees are \$250.00 payable to CCPOA	
Questions? E-mail Membership Coordinator at: membership@ccpoa.us	
<u>Mail this form along with payment to: P.O. Box 245, Sutter Creek, CA 95685-0245</u>	
OFFICE USE ONLY: Date Recv'd _____ Check No. _____ Amount _____ Renewal Date _____	