



**CACS Foundation**

P.O. Box 22457 Sacramento, CA 95822  
Tax I.D. 81-1929503



**Membership Application**

**New Member**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Spouse \_\_\_\_\_  **Renewal**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_.

*(Please make checks payable to CACS Foundation and mail to the address above)*

**Membership**

2-Years \$50.

5-Years \$100.

Students 1-Year \$15. (18-25 yrs.)