CVPPAC MEMBERSHIP APPLICATION

Name _____

E-mail_____

Mailing Address _____

City/Zip _____

Primary Phone _____

The following information is needed for campaign finance reporting requirements. If you are self-employed or retired, please so note.

Employer _____

Occupation _____

I have read and agree with the CVPPAC Mission Statement and request to join the CVPPAC as a dues-paying member.

Dated _____

Signature _____

Complete the application and mail it to:
CVPPAC
P.O. Box 5845
Fresno, CA 93755