Join CAPCR

Yes! I/we want to become a partner of the CAPCR today!

Name:_____

Organization:_____

Address:_____

_____

Phone:_____ Fax:_____

E-mail:_____

_____ I/we would like to have information on other CAPCR programs.

_____ I/we would like to have information regarding membership on the CAPCR board.

I (we) wish to join at the following level (check one):

Individuals

_____ Regular $50 & above
$50 & above

_____ Associate
$75 & above

_____ Lifetime Partner
$600*

_____ Student
$20 & above

Organizations

_____ Nonprofit organization
$750 & above***

_____ Educational
$1,000 & above**

Other amount $_____

*Option: pay $150 per year for four years
**Option: pay in 10 equal monthly installments

All partnerships are renewable annually (except for lifetime membership). CAPCR is a non-profit center of the California State University, Sacramento Trust Foundation (tax identification #94-3001359)

Please make check payable to CAPCR

Amount enclosed: $_____

OR charge my _____ MasterCard _____ Visa

Name on card:_____

Card Number: _____ Exp. Date:_____

Authorized Signature:_____

Today's Date:_____