



CSAC Corporate Associates Program Membership Application

Company Info

Name _____
Address _____
Website _____

Primary Contact

Name _____
Title _____
Email _____
Phone _____

Secondary Contact

Name _____
Title _____
Email _____
Phone _____

Participation Level

Platinum \$25,000 Gold \$15,000 Silver \$5,000

Payment Method

Check Enclosed* Send Invoice Credit Card

Cardholders Name _____ ZIP _____

Credit Card Number _____ Exp. Date _____ CVV _____

*Make all checks payable to CSAC Finance Corporation - Attn: Christy Higgins

Signature _____

Date _____

By signing this application you are approving the terms of the agreement and authorizing the CSAC Finance Corporation to charge the payment method you provided which represents a full fiscal year commitment.

Your support of the CSAC Corporate Associates Program is greatly appreciated!
If you have any questions, please reach out to Jim Manker - Director of Business Development:
C: (916) 548-3280 Jim@csacfc.org O: (916) 650-8107

Serving California Counties since 1986