



# 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 \$35,000     Gold \$20,000     Silver \$10,000

### 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

\*\*All credit card transactions require 3% processing fee

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

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