



COALITION FOR SAN FRANCISCO NEIGHBORHOODS MEMBERSHIP RENEWAL FORM

NAME OF MEMBER ORGANIZATION:

Mailing Address _____ Email _____

CURRENT OFFICERS:

President Address, City, ZIP Email Phone

Secretary Address, City, ZIP Email Phone

Other Officer Address, City, ZIP Email Phone

CSFN DELEGATE:

Name Address, City, ZIP Email Phone
If your organization has alternate CSFN delegate(s):

Name Address, City, ZIP Email Phone

Name Address (with ZIP) Email Phone

DUES & DONATIONS

CSFN annual membership dues are \$45.

Organizations wishing to include an additional donation to CSFN are encouraged to do so.
Make check payable to "CSFN" and mail to:
Greg Scott, CSFN Treasurer, 637 Noe Street, San Francisco, CA 94114

CSFN Membership Certification: CSFN Bylaws (Article II, Section A-G) require each voting member organization to certify that it has a membership of 35 or more in order to maintain voting privileges.

Organizations not having the required membership may retain membership as associate members without voting privileges at CSFN's sole discretion.

I confirm that we are renewing as a:
Member Organization with 35 or more members
Associate (non-voting) Organization - number of current members: _____

Certifying Signature

Print name/Position

Date

May 23, 2014