

COALITION FOR SAN FRANCISCO NEIGHBORHOODS MEMBERSHIP FORM

NAME OF ORGANIZATION: _____

Mailing Address _____ Email _____

CURRENT OFFICERS:

President	Address, City, ZIP	Email	Phone
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Secretary	Address, City, ZIP	Email	Phone
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Other Officer	Address, City, ZIP	Email	Phone
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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 or send by **Zelle using treasurer@csfn.net**

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 joining as a: Member Organization with 35 or more members - number of current members: _____

Certifying Signature _____ Print name/Position _____