

Network Membership Application



2115 J Street, Suite 213
Sacramento, CA 95816
916-497-0034
network@californiareleaf.org
www.californiareleaf.org

General Contact Information

Organization:

Mailing Address (street or PO/city, zip):

Main Email/Telephone: /

Physical Location (street, city, zip):

Primary contact: Title:

Telephone: Email address:

Executive Director/President:

Email: Cell Phone:

Alternate contact: Title:

Cell Phone: Email address:

Organization Information

Year Founded: Number of Employees: Full-time: Part-time: Nonprofit 501(c)? Y N

Size of Board of Directors/Governing Body:

Organizational Budget: Under \$25,000 \$25,001 - \$75,000 \$75,001 - \$500,000 \$500,001 or greater

Primary source(s) of funding:

Website: Twitter:

Facebook: Other Profiles:

Mission Statement:

Share 2 or 3 of your organization's goals and/or aspirations:

How does your organization hope to benefit from membership in the California ReLeaf Network?

Share something unique about this organization:

If available, please provide a sample newsletter, organizational brochure, and bylaws by mail or email.

Program Information

<u>Tree Plantings and Care:</u>	<u>Other Urban Forest Activities:</u>	<u>Education Programs:</u>	<u>Outreach:</u>
Street Trees	Community Gardens	Tree Care	Printed Newsletter
Parks	Riparian Understory Plantings	Job Training	e-Newsletter
Schools	Native Understory Plantings	Tree Tours	Advocacy
Open Space	Mitigation Projects	Youth	California Arbor Week
Riparian Trees	Wood Reutilization	Primary/Secondary School	Walking Tour Brochures
Utility Program	Habitat Restoration	Professional/Technical	Non-English Material
Nursery	Bioswales	Webinars/Video Resources	Earth Day
Fruit Orchards		Arboretum/Botanical Garden	National Arbor Day
Mitigation Trees Projects		Social Equity / Environmental Justice	Make a Difference Day
Pruning			
Residential			
Commercial			
Fee for Service			
Tribute/Memorial Trees			
Native Trees			

Other Programs:

Demographic Information

What percentage of the board and staff self-identify as the following:

% Asian/Asian American

% Black/African American

% Hispanic/Latino/Latina

% Native American/American Indian/Alaska Native/Native Hawaiian

% White

% Middle Eastern

% Multi-racial or multi-ethnic (2+ ethnicities)

% Individuals decline to state

What percentage of the board and staff self-identify as:

% Female

% Male

% Transgender/Unspecified non-conforming

% Individuals decline to state

What percentage of the board and staff self-identify as:

% Lesbian, gay, bisexual

% Individuals decline to state

What percentage of the board and staff self-identify as:

% Person with a disability

% Individuals decline to state

Membership Benefits

1. Ongoing advocacy at the statewide level.
2. Listing in our online Network directory, connecting you with more volunteers & partners.
3. Regular network-specific emails with leading-edge information on new funding opportunities, legislative alerts, and key urban forestry topics.
4. Your work — successes, stories, job postings — amplified via California ReLeaf’s online platforms, statewide partners, and national presentations.
5. Pass-through grant opportunities directly from California ReLeaf.
6. Your tree planting, tree care, & volunteer data compiled annually to support continued urban forest funding in California from the U.S. Forest Service (look for your annual survey in May!).
7. A direct connection to 90+ ReLeaf Network members for peer-to-peer learning, including:
 - o Annual conferences with stipends, reduced rates, or priority registration,
 - o On-demand webinars for learning on-the-go and as your time allows, and
 - o Online educational resources, such as sample employee handbooks, contracts, and more.

Membership Requirements

- Pay Annual Dues each calendar year (watch for renewal notification in January).
- Complete an annual Network Member survey each June.
- Provide California ReLeaf with current contact information.
- Plant/steward trees and/or teach about the urban forest and its benefits.
- Speak for the trees in your community and share your stories with other Network Members

Signature of Authorized Representative

Date

Annual Membership Dues - \$120 suggested

I have read the requirement and benefits of membership in the California ReLeaf Network and have completed this form to the best of my knowledge.

I’ve enclosed a check payable to California ReLeaf.

I paid online at <http://californiareleaf.org/network/join-the-releaf-network/>.

Please charge my credit card for one payment of \$120. **Card type:** Visa MasterCard American Express

Card number:

Expiration date:

CSC:

Billing address:

Cardholder’s Signature:

Please mail your completed form with either check or credit card information to:

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