

Network Membership Renewal Form



Thank you for being a California ReLeaf Network member. Your participation in the Network is incredibly valuable to making our urban forest nonprofit community smarter and stronger. Together we are making our cities greener and healthier for all Californians!

Please renew today by providing updated info about your organization and – if you are able – paying dues. Many of you are working remotely or your staff contacts have changed. Your renewal form ensures we have your current contact and program information, so that we can connect with you and connect you to other members and resources.

Email your form to network@californiareleaf.org or mail it to the address below.

California ReLeaf
2115 J Street Ste 213
Sacramento, CA 95816

Organization Name: _____

Contact Name: _____

Contact Email _____ Phone: _____

Annual Membership Dues: *Suggested amount: \$120* \$ _____

Advocacy Support (optional): *Suggested amount based on annual budget:* \$ _____

\$75,000 or less: **\$30**

\$75,001 - \$300,000: **\$180**

\$300,001 or more: **\$480**

★ Total Membership Dues + Advocacy Support: \$

- I've enclosed a check payable to California ReLeaf.
- I paid via [PayPal](#).
- Please charge my credit card (phone or USPS only):

Cardholder name: _____

Card number: _____ **Exp date:** ____ / ____ **CSV:** _____

Billing Address: _____

Cardholder's Signature: _____ **Date:** ____ / ____ / ____

Please provide organizational updates on the next page.

Network Membership Form

Organizational Updates



Organization: _____

Please update ANY information below that has changed in the past two years.

General Information

Mailing Address: _____

Physical Location: _____

Main Email: _____ Main phone: _____

Primary contact: _____ **Title:** _____

Cell: _____ Email: _____

Executive Director/President: _____

Cell: _____ Email: _____

Alternate contact: _____ **Title:** _____

Phone: _____ Email: _____

Number of Employees: Full-time: _____ Part-time: _____ New 501(c) status? _____

Size of Board of Directors/Governing Body: _____

Organizational Budget: ___ Under \$25K ___ \$25,001 - \$75K ___ \$75,001 - \$500K ___ over \$500K

New Website: _____

New Facebook Handle: _____ New Twitter Handle: _____

Other Profiles you would like to connect with us on: _____

Primary source(s) of funding:

New Mission and/or goals (if applicable):

Other program updates you wish to share: