

2019 Network Membership Renewal Form



It's time to renew your California ReLeaf Network Membership. As an active member of the ReLeaf Network, your organization plays a critical role in the vibrancy of California urban forests. For 30 years, California ReLeaf has served a diverse array of grassroots groups that strive to expand and maintain the urban and community forests across the state, through programs such as the Arbor Week, pass-through grants, network retreats, education, and online resources. Together, we amplify our voices!

We look forward to seeing you at the 2019 Network Retreat, May 31, in Los Angeles.

As well, we continue to advocate for urban forest funding at the state level; an activity that many funding sources and grants do not cover. ReLeaf's advocacy work at the Capitol resulted in \$20M for CAL FIRE's grant program. We co-sponsored legislation that significantly augments CAL FIRE's Urban & Community Forestry Program, making it a permanent program. *Please continue to support more funding for trees and help us 'speak for the trees' by contributing an additional amount specifically for advocacy.*

At this time we also request any organization updates. Please include any updated information so that we are able to best contact and represent your group.

Please renew your membership by February 25, 2019! Email your form to info@californiareleaf.org or send it in old school.

Thank you! Feel free to call me if you have any questions.

Cindy Blain
Executive Director
916.497.0034

Organization Name: _____

Contact Name/Number: _____

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:** Visa _____ MasterCard _____ Am Express _____

Card number: _____ **Expiration date:** _____ **CSC:** _____

Billing Address: _____

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

2019 Network Membership Form – 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:

Other Program Updates: