Network Membership Application

Organization: _____

Contact Informaion

Mailing Address: _____

Physical Location: _____

Main Email: _____ Main phone: _____

Primary contact: _____ Title: _____

Cell: _____ Email: _____

Executive Director/CEO: _____

Cell: _____ Email: _____

Alternate contact: _____ Title: _____

Phone: _____ Email: _____

Organization Information

Website: _____

Facebook Handle: _____ Twitter Handle: _____

Other platforms: _____

Year Founded: _____   501(c) status/number _____

Number of Employees: Full-time: _____ Part-time: _____

Size of Board of Directors/Governing Body: _____

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

Mission Statement:

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

Other Information

Share something unique about your organization:

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

Program Information

Tree Planting & Care:

Commercial

Fee for Service

Fruit Tree Plantings

Memorial Plantings

Native Trees

Open Space Plantings

Park Plantings

Residential

School Trees

Street Trees

Tree Care / Pruning

Utility Trees Program

Other Urban Greening Activities:

Bioswales

Community Gardens

Mitigation Projects

Mulching

Nursery

Pocket Parks Urban

Wood Reutilization

Vegetative Cover Plantings or Restoration

Education/Outreach Programs:

Advocacy/Education Decision-Makers

Arboretum/Botanical Garden

Environmental Justice Programs

Job Training / Workforce Development

Non-English Materials

Public Education Programs

Sustainable Communities

Tree Care Volunteer Training

Tree Tours

Webinars/Video Resources

Youth Education

Other Programs:

Annual Membership Dues

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 my credit card (phone or USPS only):

Cardholder name: _____

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

Billing Address: _____

Cardholder's Signature: _____   *Date:* _____