



Join the California Alliance of Small Business Associations

Association/Organization Application

Name: Title _____ First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Web Address: _____

Association/Organization Information

Number of members: _____ Are your members: ☐ Companies ☐ Individuals [select one]

Are you: ☐ Local ☐ State ☐ National [select one]

Describe the business conducted by the Applicant:

Principal Officers:

Name and Title: _____

Name and Title: _____

Name and Title: _____

Management personnel who will represent association/organization/company in exercising the privileges of membership in the Alliance and receive mail from us: _____