



CALIFORNIA LIST

I Want to Join The CALIFORNIA LIST

Quiero ser parte de La Lista de California

I want to join The CALIFORNIA LIST with a contribution of: \$100 \$250 \$500 \$1,000 Other \$20 Student Membership

Name/Nombre

Street Address/Dirección

City/State/Zip/Ciudad/Estado/Código Postal

Phone/Teléfono

Fax/Facsimil

E-mail/Correo Electrónico

Occupation/Ocupación

Employer/Empleador (Information about your employment is required by law, for federal and state reporting purposes.)

PLEASE INDICATE YOUR PAYMENT METHOD

A check for the full amount of my contribution is enclosed.

Please make check payable to:

The CALIFORNIA LIST

212 26th Street, Suite 150

Santa Monica, CA 90402

Please charge the full amount of my contribution to my credit card:

MasterCard Visa American Express

Account Number/Numero de Cuenta

Expiration Date/Fecha de Caducida

Signature/Firma

Name (as it appears on your credit card)/Nombre (como aparece en la tarjeta de crédito)

You can mail your credit card information or fax it to 310.458.7188