



CalDesal

MEMBERSHIP APPLICATION		
MEMBER INFORMATION		
Agency Name:		
Address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		
Name:		
Title:		
Email:	Phone:	
Website:	Fax:	
DUES BILLING INFORMATION		
Name of person to whom all dues-related materials should be sent: <input type="checkbox"/> if same as member information		
Name:		
Title:		
Address:		
City:	State:	ZIP Code:
Email:	Phone:	
MEMBERSHIP INFORMATION		
Name of person to whom all membership-related materials should be sent: <input type="checkbox"/> if same as member information		
Name:		
Title:		
Email:	Phone:	
PAYMENT INFORMATION		
Mail completed application and \$5,000 (Regular - voting) or \$1,000 (Associate - non-voting) check payable to: CalDesal 2520 Venture Oaks Way, Suite 150 ♦ Sacramento ♦ CA ♦ 95833		
Questions? Contact us at (916) 239-4099 or info@caldesal.org		

A Unified Voice for Water Desalination in the Golden State