



## 2024 Membership Dues Form

Date: \_\_\_\_\_

Agency/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact title: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Dues Structure (please check one)

- |  |       |  |           |
|--|-------|--|-----------|
| <input type="checkbox"/> 1-2 Employees   | \$200 | <input type="checkbox"/> 51-100 Employees    | \$1,100   |
| <input type="checkbox"/> 3-10 Employees  | \$300 | <input type="checkbox"/> 101+ Employees      | \$2,200   |
| <input type="checkbox"/> 11-25 Employees | \$550 | <input type="checkbox"/> Partner Level       | \$3,000 + |
| <input type="checkbox"/> 26-50 Employees | \$825 | <input type="checkbox"/> Single person/Other | _____     |

I would like to make an additional contribution of \$\_\_\_\_\_ to support PCN's critical work.

### You can pay by:

1. Check- Please make payable to:

**Placer Community Foundation (put Placer Collaborative Network in memo)**

And send to:

Placer Collaborative Network c/o Placer Community Foundation

PO Box 9207, Auburn, CA 95604

Tax ID #20-1485011

2. Credit card online: <https://tinyurl.com/4rz9wsx3>

Note that if you pay this way, an additional 3% credit card fee is required.

Questions? Contact Eileen Speaker, PCN Coordinator, at [program@placercf.org](mailto:program@placercf.org) or 530-305-0884.

**Thank you for your support!**