

JOIN US!

Name: _____

Title: _____

Organization/Occupation: _____
(For identification purposes only unless otherwise noted)

Official Organizational Endorsement (Y/N): _____

Address: _____

City/State/Zip: _____

Bus. Phone: _____ Cell Phone: _____

Email: _____

Twitter Handle:@_____ Facebook: (Y/N) _____

☐ Please contact me so I can participate in media activities.

☐ You may use my name/organization as a coalition member and supporter of the Medi-Cal Funding and Accountability Act:

(Signature required)

Please return by email to CHA@randlecommunications.com
or by fax to (916) 448-5872. *Thank you for your support.*