



Californians for Electoral Reform (CfER) Membership Form

I want to: **Join** **Renew** **Update my information**

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email address: _____

I would like to receive the newsletter by: **Email** **Postal mail**

Choose a membership program:

One year: **Sustainer** - \$60 (or more) **Standard** - \$25 **Low budget** - \$6

Scheduled (sustainer only): Please send a bill for \$_____ **Monthly** **Quarterly**

Make checks payable to "Californians for Electoral Reform" or "CfER"

Mail to: CfER, P.O. Box 128, Sacramento, CA 95812

Or visit www.cfer.org/join