CfER Membership Form

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

Name: ____________________________

Street Address: ____________________________

Other Address: ____________________________

City: ____________________________  State: ____________________________  Zip Code: ____________________________

County: ____________________________

Home Phone: ____________________________  Work Phone: ____________________________

Email address: ____________________________

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

Choose a membership program:

One year:  □ Standard - $25  □ $50  □ $75  □ Low budget - $6

Sustainer:  $________ per □ Month (min $5)  □ Quarter (min $15)  □ Year (min $60)

Comments/Questions:

Make checks payable to “Californians for Electoral Reform” or “CfER”

Mail form and payment to

Californians for Electoral Reform
P. O. Box 128
Sacramento, CA 95812

Or visit http://www.cfer.org/join

Questions? Comments? Contact us at (916) 455-8021 or http://www.cfer.org/