



2026 ASSOCIATE MEMBERSHIP

Please make any changes to the information below for verification purposes.

Company Name:

Contact Full Name:

Email Address:

Website:

Telephone Number:

Business Address:

Business City/State/Zip:

L License Number: _____

How would you like to receive the newsletter? ☐ Email ☐ Mail

Representative Full Name: _____

Telephone Number: _____

Email Address: _____

Business Address: _____

Business City/State/Zip: _____

2026 ANNUAL MEMBERSHIP DUES (PLEASE CHECK THE APPROPRIATE LINE)

Associate Membership

- ☐ Associate Membership (Vendors & Others)..... \$600
☐ Associate L License Membership..... \$395

VOLUNTEER CONTRIBUTION FOR POLITICAL ACTIONS

- ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000 or \$ _____ (fill in your amount)
☐ Paying in full on this check (payable to CALSAFE)
☐ Please bill me for the PA contribution spread over 12 monthly installments
(on contributions of \$500 or more)

Note: While your membership is considered a non-profit donation, any volunteer contributions will be used for industry political activity and is therefore not considered tax deductible.

TOTAL ENCLOSED \$ _____

RENEW MEMBERSHIP ONLINE AT www.calsafe.com

Or mail completed application with dues to:

CALSAFE

3620 American River Drive, Suite 230

Sacramento, CA 95864

Membership renewals must be paid by March 31, 2026 or membership privileges will be suspended.