



Date: _____

2011 Member Information

(Please type or print clearly)

Agency Name: _____

Address: _____

Phone(s): _____

FAX: _____ Website _____

Emails: _____

Name of CRA Representative(s): _____

Job Title(s): _____

_____ Number of Respite Families you currently serve

_____ Number of Respite Workers you currently employ

_____ **Total Number of Respite Families and Workers you currently have**

Returning or 2nd+ Year Former Member (enclosed is my \$_____ dues for 2011: please see Membership dues/benefits sheet attached))

Membership is for the calendar year and entitles the lead representative to represent their agency during CRA discussions and vote at association meetings.

Please return this form and check to:

California Respite Association
Attn: Dianne Rose, Treasurer
c/o Tri-County Respite Services
P.O. Box 1296
Yuba City, CA 95992

*For new members who are first year free, please fax this form to:
Dianne Rose at 530-755-3773 by 3/10/11.*