

# Member Information

Please complete this form and return it with your invoice.



California | **Campus Compact**

2001 Junipero Serra Blvd, #750  
Daly City, CA 94014  
415-338-3342 (phone)  
415-338-3987 (fax)  
cacc@cacampuscompact.org (email)

Name of Institution	_____
Name of President	_____
Campus Address	_____
Street Address	_____
Phone	_____
Fax	_____
Email	_____

**This form was prepared by**

Name: \_\_\_\_\_  
Dept: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Presidential Staff Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_  
Title \_\_\_\_\_  
Office \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## Chief Academic Officer Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_  
Title \_\_\_\_\_  
Office \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## Community Service / Service-Learning Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_  
Title \_\_\_\_\_  
Office \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## Faculty Service-Learning Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_  
Title \_\_\_\_\_  
Office \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## Press Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_  
Title \_\_\_\_\_  
Office \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## Government Relations Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_  
Title \_\_\_\_\_  
Office \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_