

Member Information

Please complete this form and return it with your invoice.



California | **Campus Compact**

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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 _____
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Email _____

Press Contact

Name (Mr./Ms./Dr.) _____
Title _____
Office _____
Campus Address _____
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Phone _____
Fax _____
Email _____

Government Relations Contact

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