



# FRIENDS OF CSL

## CALIFORNIA SENIOR LEGISLATURE

1020 N Street RM 513, Sacramento, CA 95814 • www.4CSL.org 916-552-8056

Tax Deductible EIN #75-3252112

*Save CSL, Please Donate!*

Established by state law, the mission of the California Senior Legislature (CSL) is to help preserve and enhance the quality of life for older Californians and their families. Over our 34 plus years, we have had over 192 proposals written into law benefiting seniors.

The 40 Senior Senators and 80 Senior Assembly Members are volunteer's elected by their peers (persons 60 years of age and older) to represent seniors throughout the State. Members submit several legislative proposals each year designed to improve the lives of Californians age 60 and over.

As a FRIEND of CSL you can help the California Senior Legislature (CSL) in its efforts to:

- Provide input on issues affecting seniors in California that need to be addressed through legislation
- Promote legislative proposals drafted by CSL
- To promote it's accomplishments and serve as a resource on senior issues
- Legislation interacting with other citizens groups, organizations and agencies.

### MEMBERSHIP APPLICATION

#### APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Address:

City:

State:

ZIP Code:

#### MEMBERSHIP DONATION

##### BASIC: \$10 PER YEAR

If you wish to support the Friends of CSL by making a larger contribution please Indicate the amount you wish to donate:

\$25  \$50  \$100  Other \_\_\_\_\_

You may wish to make a donation in memory of a loved one or to honor someone special In your life. To do so indicate the amount you wish to donate. \$ \_\_\_\_\_

And the name of the individual you wish to recognize: \_\_\_\_\_

A Membership card will be mailed to you

Please make checks to payable to CSL

Your contributions are tax deductible

*Have a PayPal account? If so you may use it as payment method to make your contribution. Simply provide the info below.*

Signature of applicant:

Date:

PayPal:

Number:

How did you hear about CSL?

*If you wish to mail your completed membership form with your payment, you may do so by mailing to:*

**Friends of CSL, 1020 N. St., Rm 513, Sacramento, CA 95814**

Internal use only: Check Number: \_\_\_\_\_ Deposit Date: \_\_\_\_\_

PayPal Processed: \_\_\_\_\_ Date: \_\_\_\_\_