

# Member Information

Please complete this form and return it with your invoice. Please type or print legibly.



Name of Institution	
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Name of President \_\_\_\_\_

Campus Address \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

LEAD California  
(650) 242-5940 (phone)  
[liane@leadcalifornia.org](mailto:liane@leadcalifornia.org)

### This form was prepared by

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Phone: \_\_\_\_\_

## Presidential Executive Assistant Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_

Title \_\_\_\_\_

Office \_\_\_\_\_

Campus Address \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Chief Academic Officer Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_

Title \_\_\_\_\_

Office \_\_\_\_\_

Campus Address \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Community Service / Service-Learning Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_

Title \_\_\_\_\_

Office \_\_\_\_\_

Campus Address \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Faculty Service-Learning Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_

Title \_\_\_\_\_

Office \_\_\_\_\_

Campus Address \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Press Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_

Title \_\_\_\_\_

Office \_\_\_\_\_

Campus Address \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Government Relations Contact

Name (Mr./Ms./Dr.) \_\_\_\_\_

Title \_\_\_\_\_

Office \_\_\_\_\_

Campus Address \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_