# Member Information

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

| Name of Institution | |
|---|---|

**Name of President** _____

**Campus Address** _____

**Street Address** _____

**Phone** _____

**Email** _____

_____

LEAD California
(650) 242-5940 (phone)
piper@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** _____