CAL SAFE
California Association of Life Safety and Fire Equipment

2027 ASSOCIATE MEMBERSHIP

Please make any changes to the information below for verification purposes.

Company Name:
Contact Full Name:
Email Address:
Website:
Telephone Number:
Business Address:
Business City/State/Zip:
L License Number: _____

How would you like to receive the newsletter? ❒ Email ❒ Mail

Representative Full Name: _____
Telephone Number: _____
Email Address: _____
Business Address: _____
Business City/State/Zip: _____

2027 ANNUAL MEMBERSHIP DUES *(PLEASE CHECK THE APPROPRIATE LINE)*

Associate Membership

❒ Associate Membership (Vendors & Others) **$650**
❒ Associate L License Membership **$450**

VOLUNTEER CONTRIBUTION FOR POLITICAL ACTIONS

❒ $100 ❒ $250 ❒ $500 ❒ $1,000 **or** $ _____ (fill in your amount)
❒ Paying in full on this check (payable to CALSAFE)
❒ Please bill me for the PA contribution spread over 12 monthly installments (on contributions of $500 or more)

Note: While your membership is considered a non-profit donation, any volunteer contributions will be used for industry political activity and is therefore not considered tax deductible.

TOTAL ENCLOSED $ _____

RENEW MEMBERSHIP ONLINE AT www.calsafe.com
Or mail completed application with dues to:
CALSAFE
3620 American River Drive, Suite 230
Sacramento, CA 95864

Membership renewals must be paid by March 31, 2027, or membership privileges will be suspended.