

# Member Information

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



**California | Campus Compact**

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 CSUEB, Hayward, CA 94542  
 510-885-7620 (phone)

cacc@cacampuscompact.org (email)

**This form was prepared by**

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

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

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

Name of Institution			
Name of President			
Campus Address			
Street Address			
Phone			
Fax			
Email			

## Presidential Executive Assistant 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			
Street Address			
Phone			
Fax			
Email			

## Press Contact

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

## Government Relations Contact

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

