

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			25800 Carlos Bee Blvd, SF 311 CSUEB, Hayward, CA 94542 510-885-7620 (phone)
Street Address			liane@cacampuscompact.org (email)
Phone			
Fax			
Email			

This form was prepared by

Name: _____

Dept: _____

Phone: _____

Presidential Executive Assistant Contact		Chief Academic Officer Contact	
Name (Mr./Ms./Dr.)		Name (Mr./Ms./Dr.)	
Title		Title	
Office		Office	
Campus Address		Campus Address	
Street Address		Street Address	
Phone		Phone	
Fax		Fax	
Email		Email	

Community Service / Service-Learning Contact		Faculty Service-Learning Contact	
Name (Mr./Ms./Dr.)		Name (Mr./Ms./Dr.)	
Title		Title	
Office		Office	
Campus Address		Campus Address	
Street Address		Street Address	
Phone		Phone	
Fax		Fax	
Email		Email	

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