

<b>California Space Authority: Client Data Sheet</b>
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This form is for organizational memberships only



<b>Client Organization:</b>			
<b>Primary Point of Contact:</b>			<b>Title:</b>
<b>Division/Department:</b>			
<b>Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip</b>
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			

**Business Associate Level \$500.00**

**One (1) Voting Member:** All information required for one (1) ballot to be issued.

Last Name	First Name	Title	Phone	FAX	Mailing Address/Mail Stop	City/State	ZIP	E-Mail

**Partner Level \$1,500**

**Three (3) Voting Members:** All information required for three (3) ballots to be issued.

Last Name	First Name	Title	Phone	FAX	Mailing Address/Mail Stop	City/State	ZIP	E-Mail

**President Circle Level \$5000.00**

**Ten (10) Voting Members:** All Information required for ten (10) ballots to be issued.

Last Name	First Name	Title	Phone	FAX	Address/MS	City/State	ZIP	E-Mail





Last Name	First Name	Title	Phone	FAX	Address	City/State	ZIP	E-Mail