



**MEMBERSHIP  
INFORMATION Fiscal Year  
2017/2018**

CICA Membership (Please check category):

Individual \$10                       Family \$25  
 Professional Individual \$50         Organization \$250

If you join as a “Family” or “Organization” please name a representative and their alternative for contacting in the future. Delegates and alternates are the CICA Board of Directors and vote at the annual meeting to select officers.

<b>Individual</b>		<b>Profession Individual</b>	
Name:		Name:	
Address:		Address:	
City:	Zip:	City:	Zip:
Email:		Email:	
Phone:		Phone:	
<b>Family or Organization</b>			
<b>Delegate</b>		<b>Alternate</b>	
Name:		Name:	
Address:		Address:	
City:	Zip:	City:	Zip:
Email:		Email:	
Phone:		Phone:	

We welcome you to CICA and encourage you to participate in our monthly statewide conference calls held on the third Wednesday of each month at 10:00 a.m. (1-800-309-2350, Participant Code: 10282015#). We will put your contact information in our database and you will receive information on CICA and the IHSS system as it is disseminated. CICA does not share member contact information with others. We welcome your active participation including comments, suggestions, and concerns.

Make check payable and mail to: CICA  
 735 P Street, Unit C-4  
 Eureka, CA 95501