

# Coalition for Clean Air Membership Application

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## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Membership Level

Please select a level of membership.

- |   |  |
|---|--|
| <input type="checkbox"/> Regular (\$35)       | <input type="checkbox"/> Silver (\$250)        |
| <input type="checkbox"/> Supporting (\$65)    | <input type="checkbox"/> Gold (\$500)          |
| <input type="checkbox"/> Contributing (\$100) | <input type="checkbox"/> Platinum (\$1000)     |
|   | <input type="checkbox"/> Limited Income (\$20) |

## Comments

We'd love to hear from you! Please share any comments with us, and let us know if you would be interested in getting further involved through volunteering.

**Thank you for your support. Your gift will help us continue protecting our environment and the health of all Californians.**

Please mail this completed form and your donation by check to:

### Coalition for Clean Air

811 West 7th Street  
Suite 1100  
Los Angeles, CA 90017  
Phone 213-630-1192  
Fax 213-630-1158

[www.coalitionforcleanair.org](http://www.coalitionforcleanair.org)

We will mail you a receipt for your tax-deductible contribution.