



Please list me/my organization as a member of **California Partnership for Access to Treatment (CPAT)**. I am/our organization is committed to ensuring a healthy and productive California and would like to be kept informed about critical issues involving access to treatment in California.

Please select a membership category:

- Individual
- Organization/Company
- Public Official

Please complete the following:

Name

Title

Organization/Company (if joining as an Organization/Company Member)

Address

City

State

Zip

Phone

Fax

Email

Signature

Date

- Please e-mail updates to me on upcoming programs.**
- Please link my organization's name on the CPAT website with our organization's Web site.**
Website address: _____
- Please list my organization's events on the CPAT website: www.caaccess.org**
 - Events are listed on our Web site at: www. _____
 - Call me for a listing of future events to post.

Thank you for joining California Partnership for Access to Treatment

Please return this form to:

California Partnership for Access to Treatment
980 9th Street, Suite 410
Sacramento, CA 95814
Fax Number: 916-658-0155

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