



Membership Form

ORGANIZATION/COMPANY

Name _____

Address _____

Phone (_____) _____ Website _____

If patient organization,
disease represented _____

CONTACT

Name _____

Title _____

Email _____

Phone (_____) _____

ANNUAL MEMBERSHIP DUES

Membership is available to organizations that support our mission. CAL RARE reserves the right to review applications for membership and may in its sole discretion not accept an application (or renewal) for membership.

CA Industry with commercial product \$5000

CA Industry without commercial product \$1000

Academic Institutions/Associations/Non-profits \$500
(not patient organizations)

Rare Patient Organizations \$50

Individuals \$25

Supporting Members \$2500
(Industry not based in CA)

Amount Enclosed \$

Mail to

**California Action Link
for Rare Diseases**
1811 Santa Rita Road,
Suite 224
Pleasanton, CA 94566