



R-CALF USA
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Affiliate Application

Affiliate Categories

Please check one:

- ☐ Organization with 200 or fewer members **\$200.00**
- ☐ Organization with more than 200 members **\$500.00**

Organization Name: _____

Contact Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Payment Information:

Please check one:

- ☐ Check Enclosed
- ☐ Credit Card

Card #: _____ Expiration Date: _____

Signature: _____