

Local Planning Council Interest Form

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Secondary #: _____

Email: _____

If Applicable

Organization: _____

Position: _____

Business Type: _____

Which LPC membership category would you represent?

- | | |
|--|--|
| <input type="checkbox"/> Consumers | <input type="checkbox"/> Community |
| <input type="checkbox"/> Providers | <input type="checkbox"/> Discretionary |
| <input type="checkbox"/> Public Agencies | |

Please list questions or additional information needed:

Please complete and return via email or fax to the

Consortium for Early Learning Services

agomez@ConsortiumELS.org

Fax # 951-248-9293

Membership calendar year is from January 1st to December 31st