

CONSUMER ATTORNEYS OF CALIFORNIA
President's Club



The PRESIDENT'S CLUB represents the leading law firms supporting the Consumer Attorneys of California (CAOC) and our mission to ensure the civil justice system remains strong in California.

Our President's Club firm members are highlighted as our premier supporters and receive elevated recognition and benefits as well as greater referral opportunities and increased visibility.

Thank you for your commitment to CAOC via the President's Club. Your help provides the financial means necessary to maintain our programs and continue to fight for your clients.

PRESIDENT'S CLUB MEMBER BENEFITS

AS A PRESIDENT'S CLUB MEMBER YOU WILL RECEIVE FREE ANNUAL MEMBERSHIP(S):

- INNER CIRCLE** FIVE annual CAOC SUSTAINING memberships
- BENEFACTOR** TWO annual CAOC SUSTAINING memberships, or FIVE annual CAOC REGULAR memberships
- SPONSOR** ONE annual CAOC SUSTAINING membership, or THREE annual CAOC REGULAR memberships
- ASSOCIATE** TWO annual CAOC REGULAR memberships, or ONE annual CAOC SUSTAINING membership

ADDITIONAL PRESIDENT'S CLUB MEMBER BENEFITS:

- ✓ Special listing in President's Club section of CAOC website with expanded firm profile, biography and areas of practice
- ✓ President's Club member listing in every Board packet
- ✓ Recognition of support on special event displays at the Annual Convention as well as President's Club member hospitality suite at Convention and badge designation as a President's Club member
- ✓ Welcome to new President's Club Members in Forum magazine, plus listing in every issue, published 6 times annually
- ✓ Invitations to exclusive meetings and special events
- ✓ Your monthly contribution is partially tax deductible under federal tax law

(please see application for more specific information on allowable tax deductibility)

MONTHLY CONTRIBUTION LEVELS



INNER CIRCLE
\$5,000 per month

BENEFACTOR
\$2,000 per month

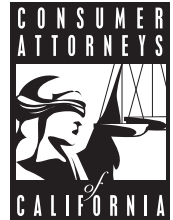
SPONSOR
\$1,000 per month

ASSOCIATE
\$500 per month



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- INNER CIRCLE** \$5,000/month
 BENEFACTOR \$2,000/month
 SPONSOR \$1,000/month
 ASSOCIATE *\$500/month
 ANNUAL ONE-TIME CONTRIBUTION \$ _____

**Only firms with 1-2 attorneys*

Today's date: _____

APPLICATION

I do not wish to have my name marketed.

I agree to pay \$_____ every month to Consumer Attorneys of California beginning _____ (*fill in the month*) and each month thereafter until this authorization is revoked by giving written notice to Consumer Attorneys of California. It is also agreed that each debit being charged to my account shall be my receipt for payment of the designated contribution.

BANK DEBITS

For the purpose of paying monthly contributions to the above-named state consumer attorneys organization, I have given authority to:

Bank Name: _____

Address: _____

Honor and charge my personal or corporate checking

Routing Number: _____

Account Number: _____

Signature: _____
(*Must be the same signature on file at bank*)

Accounting contact in your firm: _____

CREDIT CARDS

Please charge my personal or corporate credit card.

Card No. _____

Exp. Date: _____ CVC: _____

Signature: _____
(*Signature as it appears on credit card*)

NAME(S) OF PERSON(S) TO RECEIVE MEMBERSHIP(S)

1. _____
2. _____
3. _____
4. _____
5. _____

AUTHORITY TO HONOR DEBITS IN PAYMENT OF CONTRIBUTION

Consumer Attorneys of California
 770 L Street, Suite 1200, Sacramento, CA 95814
 Phone: (916) 442-6902 • Fax: (916) 442-7734

I hereby request that, as a convenience to me, you honor debits in payment of contributions drawn on my account by and payable to the order of the above name state consumer attorneys association and charge each such debit to my account upon presentation thereof each month. Your authority to charge such debit to my account shall cease upon my delivery to you of written notice of revocation of this authority, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit.

I further agree that if any such debit be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever.

Signature: _____

FEDERAL AND STATE LAWS REQUIRE THE FOLLOWING INFORMATION REGARDING THE CONTRIBUTOR

(*Please print clearly*)

Full Name: _____

Home Address: _____

City: _____ St: _____ Zip: _____

Occupation: _____

Firm Name: _____

Business Address: _____

City: _____ St: _____ Zip: _____

Phone: (_____) _____

Fax: (_____) _____

E-Mail: _____

Recruited by: _____

Contributions or gifts to Consumer Attorneys of California are not tax deductible as charitable contributions. However, a portion of your dues payment may be tax deductible as ordinary and necessary business expenses. You may wish to consult with your tax advisor for further information regarding your individual situation.