

Annual Membership Pledge

Organization Name (organization name as it is to appear in publications):						
Highest Ranking Official/Leader:						
Name:						
Title:						
Address:						
Phone:						
Email:						
Membership Contact:						
Name:						
Title:						
Address:						
Phone:						
Email:						
Organization Type (please select one):						
☐ Manufactu	ring	☐ Service		☐ Education		☐ Consulting
☐ Health Care	<u>)</u>	☐ Non-Profit		☐ Public Sector/Government		☐ Other:
Membership Level (annual pledge):						
☐ Bronze \$2,5	500	☐ Silver \$5,000	☐ Gold \$	10,000	☐ Platinum \$15,000	☐ Council of Trustees \$25,000
Payment Options:						
□ Check						
☐ ACH Payment (CCE will be in contact with further information)						
If paying by check, please make payable to California Council for Excellence and mail to:						
California Council for Excellence						
17595 Harvard Ste. C #150						
Irvine, CA 92614						

Please complete this form and email it to hello@calexcellence.org.

Our Mission: To inspire and enable California organizations to achieve world-class results based on the framework of the Baldrige Performance Excellence Program.

Thank you for your contribution and support of our mission of advancing performance excellence in California.

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Membership will be in effect one year from the date of receipt of contribution.