



# Ventura County Special Districts Association

## MEMBERSHIP **APPLICATION** FORM

District/Organization: \_\_\_\_\_ Member State CSDA:  Y  N  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Primary Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_  
Contact Person's Direct Phone Number: \_\_\_\_\_  
Contact Person's Email Address: \_\_\_\_\_

Please provide a separate list of names and email addresses for people in your organization who should receive **VCSDA** newsletters and invitations.

### **Choose membership type:**

**\$150 District Membership**  
**\$300 Associate Membership**

**Membership period is July 1 through June 30 annually**

Make check payable to: VCSDA  
c/o Brian Pendleton  
Ventura Port District  
PO Box 70  
Camarillo, CA 93011

Thank You for your interest in VCSDA!

If you have any questions or need additional information, please contact

Brian Pendleton, Treasurer, (805) 204-6514, email: [bpendleton@venturaharbor.com](mailto:bpendleton@venturaharbor.com)  
or

Kara Ralston, Chapter President, (805) 482-9382, email: [kralston@camhealth.com](mailto:kralston@camhealth.com)