



COUNTY SAFETY OFFICERS'
ORGANIZATION OF CALIFORNIA
Annual Membership (Jan - Dec 2017)

Federal Tax ID # 77-0269489

THIS IS A MEMBERSHIP RENEWAL THIS IS A NEW MEMBERSHIP

Name and Title of Member: _____

County/Entity Name and Address _____

Phone & Fax Numbers: _____

Email Address: _____

PLEASE REMIT THIS FORM WITH YOUR MEMBERSHIP FEE IN THE AMOUNT OF \$200.00

Make checks payable to "CSOOC" and mail to:

Phil Raba, CSOOC Treasurer
County of Ventura L#1600
800 South Victoria Ave.
Ventura, CA 93009

Phone: (805) 650-4074 Fax: (805) 654-3952

E-mail: phil.raba@ventura.org

_____ I would like a receipt for payment.