



To have your organization join The Children's Movement of California, complete this form and return it to a Children Now staff member or fax it to (510) 763-1974.

**Our organization supports prioritizing children's health and education in public policymaking.**

Organization Name: \_\_\_\_\_

Organization Zip Code: \_\_\_\_\_

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

*By checking this box, I certify that I am authorized to represent my organization in this matter.*

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your organization's support of The Children's Movement of California, which is connecting and -- through opt-in, collective policy actions with shared credit -- empowering all of the organizations and individuals who want to improve children's health and education in our state.