



MEMBERSHIP INFORMATION

Fiscal Year 2009/2010

We, the IHSS Advisory Committee/Governing Board (AC/GB) of _____
County, do hereby choose to join the California IHSS Consumer Alliance (CICA).

We have elected the following members of our AC/GB to act as our delegate/director (and alternate) to CICA:

Name of Delegate

Address

City

ZIP

Email

(Area Code) Phone

Signature of Delegate

Date

Name of Alternate

Address

City

ZIP

Email

(Area Code) Phone

Signature of Alternate

Date

We welcome you to CICA and encourage you to participate in our monthly statewide conference calls held on the third Wednesday of each month at 10:00AM. We will put your email addresses in our database and you will receive information on CICA and the IHSS system as it is disseminated. We welcome your active participation including comments, suggestions, and concerns. There are always opportunities to join the Executive Committee and potential sub-committees. Thank you!