



美華慈心關懷聯盟  
Chinese American Coalition  
for Compassionate Care  
[www.caccc-usa.org](http://www.caccc-usa.org)

## Partner Agency Registration Form

Organization Name (English/Chinese):

\_\_\_\_\_

Organization Acronym (if applicable):

\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Website:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Toll-free number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_ Check here to allow the CACCC to use the information listed above on our website as a Community Resource.

### ORGANIZATION REPRESENTATIVE INFORMATION (for CACCC Internal Use Only)

Name (English/Chinese):

\_\_\_\_\_

Title:

\_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (ext. \_\_\_\_)

Other phone (if applicable): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Your signature below certifies that your agency agrees to become an Organizational Member of the CACCC.

X \_\_\_\_\_ DATE \_\_\_\_\_