

Ridge Community Support Services (RCSS)

A California Nonprofit Public Benefit Corporation

rcss.direct@gmail.com



Membership Application

1. Applicant Information

Full Name: _____ Preferred Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City: _____ ZIP: _____

Preferred Method of Contact: ☐ Phone Call ☐ Text Message ☐ Email

2. Community Participation

How do you plan or how have you participated with RCSS?

Check all that apply. You are not obligated to participate in any particular activity to gain membership.

- ☐ Attend membership and/or community meetings ☐ Participate in community programs and events
☐ Volunteer for programs, events, projects or activities ☐ Help with community engagement
☐ Serve on a committee ☐ Become a Director or Officer ☐ Other: _____

3. Membership Terms

By submitting this application, I acknowledge and understand that:

- RCSS membership is free and voluntary.
- Membership has no predetermined expiration date.
- To maintain active voting status, members must participate in at least one qualifying RCSS activity during each 12-month membership period, beginning with their original enrollment month.
- Members who do not meet the participation requirement may become inactive voting members but do not automatically lose membership. Inactive members may regain active voting status by participating in a qualifying activity.
- Members agree to follow RCSS Bylaws and organizational policies.

4. Membership Agreement

- ☐ I confirm that I am at least 18 years old.
☐ I support the mission and charitable purposes of Ridge Community Support Services.
☐ I am voluntarily applying for membership and understand the membership terms stated above.

Applicant Signature: _____ Date: _____

**** FOR OFFICE USE ONLY ****

Received By: _____ Title: _____ Date: _____

Entered Into Membership Roster By: _____ Date: _____

Anniversary Month: _____: Received: ☐ Bylaws ☐ Policies ☐ Code of Conduct