

BEACON

Berkeley Emergency Accessible Community Organizations Network

Please fill out this form and return it to Jennifer Lazo- JLazo@cityofberkeley.info

Organization Information

Name

Website

Street Address

City

State

Zip Code

Phone Number

Fax Number

Organization Details

What Services Do You Provide?

Who Are Your Primary Clients?

People With Disabilities

Seniors

Other

How Many Clients are Berkeley Residents?

How Many Clients Do You Serve Overall?

Do We Have Your Permission to Release Basic Contact Information to Others in BEACON?

Yes

No

**Would Someone From
Your Organization Like
to Attend Regular
BEACON Planning
Meetings?**

Yes
No

Email List Sign-Up

Please choose two members of your organization to receive emails. You may sign up as many as you wish.

Name

Email Address

Phone Number

Position

Name

Email Address

Phone Number

Position

Name

Email Address

Phone Number

Position

Name

Email Address

Phone Number

Position

Name

Email Address

Phone Number

Position