

# Focus Subscription Request

To be completed by person submitting this form:

Name & title (print): \_\_\_\_\_

Chapter name & number: \_\_\_\_\_

Submit by fax: (408) 577-0582  
Or by mail to: CSEA Public Relations  
Focus Subscription  
2045 Lundy Avenue  
San Jose, CA 95131

**PLEASE ADD TO FOCUS MAGAZINE SUBSCRIPTION:**

NOTE: Please type or print legibly.

---

---

**1**

\_\_\_\_\_

First name Last name Job Title or Position

\_\_\_\_\_

Organization, Company, Affiliation c/o information or department (if applicable)

\_\_\_\_\_

Street Address (include Suite # or Apt # if applicable) City State Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_

Area code Phone number Ext. E-mail address

---

---

**2**

\_\_\_\_\_

First name Last name Job Title or Position

\_\_\_\_\_

Organization, Company, Affiliation c/o information or department (if applicable)

\_\_\_\_\_

Street Address (include Suite # or Apt # if applicable) City State Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_

Area code Phone number Ext. E-mail address

---

---

**3**

\_\_\_\_\_

First name Last name Job Title or Position

\_\_\_\_\_

Organization, Company, Affiliation c/o information or department (if applicable)

\_\_\_\_\_

Street Address (include Suite # or Apt # if applicable) City State Zip Code

( \_\_\_\_\_ ) \_\_\_\_\_

Area code Phone number Ext. E-mail address

4

---

First name	Last name	Job Title or Position	
Organization, Company, Affiliation		c/o information or department (if applicable)	
Street Address (include Suite # or Apt # if applicable)		City	State Zip Code
( ) Area code	Phone number	Ext.	E-mail address

5

---

First name	Last name	Job Title or Position	
Organization, Company, Affiliation		c/o information or department (if applicable)	
Street Address (include Suite # or Apt # if applicable)		City	State Zip Code
( ) Area code	Phone number	Ext.	E-mail address

6

---

First name	Last name	Job Title or Position	
Organization, Company, Affiliation		c/o information or department (if applicable)	
Street Address (include Suite # or Apt # if applicable)		City	State Zip Code
( ) Area code	Phone number	Ext.	E-mail address

7

---

First name	Last name	Job Title or Position	
Organization, Company, Affiliation		c/o information or department (if applicable)	
Street Address (include Suite # or Apt # if applicable)		City	State Zip Code
( ) Area code	Phone number	Ext.	E-mail address