

## **PAN Support Request Form**

(You must be a current dues paying CALSA member to receive PAN support)

Member's Name	Date		
District:	Title:		
* * * CALSA USE ONLY * * *			
Current Membership Date//	to/ Senior Advisor Initials		
(Please provide personal, non-work, contact i Advisors that will be discrete and personally o	information where you agree to accept communication from PAN confidential.)		
Preferred/ Cell: ()	Email:		
Mailing address:	, CA (Zip)		
CONDITIONS FOR ACCEPTING PAN SUPPORT AND WAIVER AND HOLD HARMLESS AGREEMENT			
Print Your Name I am voluntarily seeking professional support a Advisors, hereinafter "PAN". By my signa attorneys and will not provide me any legal ac	, am a current CALSA dues paying member in good standing and and advice from the CALSA Professional Advisory Network and its ature below, I agree and understand that PAN Advisors are not dvice. I accept and understand that PAN will provide me guidance, he professional issue I seek support from PAN, as described below		
recommendations. I further agree that whatever the professional issue, I make of my own free are not responsible for these decisions or the record or short termed. Accordingly, because the decision of the PAN's support, I agree to hold harmless CAL and individual Advisors and agents. Further, I	ot required to implement PAN's or its Advisor's suggestions or ver decision I make, after consulting with a PAN Advisor to address e will, and the decision(s) is/are my own and PAN and its Advisors esults, consequences or implications of these decisions, be they long cisions made will be and are entirely my own, in agreeing to accept SA, its Board, agents, the Pan Advisory Network, it Senior Advisor I agree to waive any claims, legal or otherwise, against these entities ad receiving PAN's support and recommendations.		
Signature	Date		
Printed Name	_		

Member's Name		<b>Date</b>	
District:	Title:		
Brief explanation of your issue:			
Senior Advisor's Notes:			