DRIP Collaborative
2025 Membership Interest Form

Please fill out this 2-page form to express your interest in becoming a member of the California Drought Resilience Interagency and Partnership (DRIP) Collaborative. Email the completed form to drip@water.ca.gov by December 12, 2025. For more information, see https://water.ca.gov/drip.

1. Name: _____

2. Email: _____

3. Phone Number:_____

4. Organization (Employer): _____

5. Select the membership type you are interested in representing (select only one):

- ◯ Public water systems
- ◯ Agriculture
- ◯ Tribal

6. Please describe the community and region of the state that you would represent, if seated on the Drought Collaborative.

7.Are you able to commit to attending, at a minimum, three in-person meetings per year and subsequent virtual meetings when scheduled?

- ◉ Yes
- ◯ No
- ◯ Maybe (Explain)_____

8.What perspectives or expertise would you like to contribute to the Drought Collaborative for improving coordination and support of drought resilience in California?

9.Describe a positive experience of collaborating across interested parties and how it was effective.

10.Are there any comments or questions you have about the Drought Collaborative?

Thank you for your interest!

Please save and send this completed form to drip@water.ca.gov by December 12, 2025