California Council For Adult Education

MEMBERSHIP RENEWAL APPLICATION

Membership Year: October 1-September 30
2008-2009

Last Name _____ First _____ Middle Initial _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

District _____ School _____

CCAE Section

❑ Bay ❑ Central ❑ LA Metro
❑ Northern ❑ South Coast ❑ Southern

Chapter _____

Professional Status (Check One)

❑ Teacher ❑ Administrators
❑ Classified ❑ _____

Payment method ❑ Check / Credit Card
❑ Payroll Deduction

MEMBERSHIP CATEGORY AND ANNUAL DUES

ADMINISTRATOR

Full Time ..... $ 100 _____
Part Time ..... $ 85 _____

CERTIFICATED

21 Hrs. Plus ..... $ 75 _____
11-20 Hrs. ..... $ 60 _____
10 Hrs. or Less ..... $ 30 _____

CLASSIFIED

Full Time ..... $ 30 _____
Part Time ..... $ 20 _____

Associate Friend ..... $ 20 _____
Golden Circle Member ..... $ 150 _____

RETURN ENTIRE FORM TO YOUR CCAE SECTION OR CHAPTER REP.

California Council For Adult Education

CALIFORNIA COUNCIL FOR ADULT EDUCATION

Payroll Deduction Authorization Card

To: _____ Date _____
School District

Total Annual CCAE Dues Amount $: _____

You are authorized to make a deduction from my salary ten times a year for CCAE dues in the amount indicated.

Deduction Amount: $ _____ 1/10th of Annual Dues Effective Date: 2008-09 School Year

Employee Name: _____
First M.I. Last

Employee Signature: _____

Employee ID or Social Security Number: _____

Fill out top section of form if you pay by check or credit card.

Fill out both sections if you are on payroll deduction. Please update all information on the form.