



# CADA/CASL Application for Membership — Membership valid July 1 – June 30 each year.

Please fill out the following form in its entirety and print legibly.

- Please note that the **Individual Membership** is used when only one advisor from your school will be utilizing the CADA and CASL membership. (Must be a California School)
- **Associate membership** is used for individuals from a school out of the state of California.
- The **School Membership** is good for two or more advisors at the same school. Up to three advisors are included for this membership fee; membership stays with the school should the member leave. (Must be a California school)

## School Membership Dues – \$250 (includes 3 people) – each additional member \$60 over 3

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ General Email \_\_\_\_\_

• **Main Contact:** \_\_\_\_\_

Position at School:    Activities Director    Administrator    Class/Club Advisor    Clerk

Email address \_\_\_\_\_ Direct Phone \_\_\_\_\_

• **2<sup>nd</sup> Representative's Name (INCLUDED):** \_\_\_\_\_

Position at School:    Activities Director    Administrator    Class/Club Advisor    Clerk

Email address \_\_\_\_\_ Direct Phone \_\_\_\_\_

• **3<sup>rd</sup> Representative's Name (INCLUDED):** \_\_\_\_\_

Position at School:    Activities Director    Administrator    Class/Club Advisor    Clerk

Email address \_\_\_\_\_ Direct Phone \_\_\_\_\_

\*\*\*\*\* YOU MAY ADD ADDITIONAL MEMBERS AT \$60 EACH. PLEASE ATTACH AN ADDITIONAL SHEET \*\*\*\*\*

**OR**

**Individual Membership (CA) – \$110**

**Associate Membership (Out of State) - \$110**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Position at School:    Activities Director    Administrator    Class/Club Advisor    Clerk

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ General Email \_\_\_\_\_

## Method of Payment - Sorry, no Purchase Orders accepted.

Check - Check # \_\_\_\_\_    VISA/MC/AMEX CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_

**Return to: CADA & CASL - 3121 Park Avenue, Suite C, Soquel, CA 95073 - (831) 464-4891 - Fax (831) 576-1515**