



**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 – \$300 (includes 3 people) – each additional member \$75 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) – \$130**

**Associate Membership (Out of State) - \$130**

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/DISC CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

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

**Return to: CADA & CASL - 7960 Soquel Dr., Suite B 112 - Aptos, CA 95003 Call (831) 464-4891**