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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 nd Representative's Name (INCLUDED):				
	Position at School:	Activities Director	□ Administrator	Class/Club Advisor	Clerk
	Email address			Direct Phone	
	3 rd Representative's Name (INCLUDED):				
	Position at School:	Activities Director	Administrator	Class/Club Advisor	Clerk
	Email address			Direct Phone	
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				255	,
		es Director 🛛 Adminis			
				County	
Phone	ne		Fax		
Nebsite		General Email			
Method	l of Payment - S	orry, no Purchas	se Orders acco	epted.	
Check	k - Check #	_ VISA/MC/DISC	CC#		Exp/
Card Holde	er Name:		Sig	gnature:	
			Bi	lling Zip: CVC	Code:

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