

Membership Application

The accepted method of payment includes personal checks, money orders, purchase orders, credit cards and PayPal services. There is an additional 3% charge when paying via PayPal or credit cards. Please mail your membership application and check or money orders to:

CAAASA

Attention: Dwight Bonds, Executive Director 11856 Balboa Blvd. #228 Granada Hills, CA 91344

TITLE:	□ Dr.	☐ Mr.	☐ Mrs.	☐ Ms.	☐ Other:		(Check all that apply)
*NAME:	(First)			(Middle)			(Last)
JOB TITI	E:						
*DISTRICT/ORGANIZATION:							
MAILING ADDRESS:							
PHONE: *Work ()		Home ()		_ Cell ()
Fax ()		_ *E-Mail				
PLEASE INDICATE THE TYPE OF MEMBERSHIP YOU ARE PURCHASING:							
□ Supe	rintendent (\$	500/year)	☐ Tead	her (\$100/ye	ar)	С	Others
☐ Assis	tant Superin	tendent (\$100	/year) <mark>□</mark> Scho	ool Board Me	mber (\$100/ye	ear) 🗆	Community Member (\$50/year)
□ Admi	nistrator (\$10	00/year)	☐ Non	profit (\$250/y	/ear)		Retiree (\$50/year)
	•	-	year) 🛭 Cour	-			Parents (\$25/year)
							Student (\$25/year)

Your membership will be activated once your completed application and membership fees have been received.

For further information please contact:

Dwight Bonds: 818-217-6310 or thecaaasa@gmail.com

www.caaasa.org