



# California Placement Association

[www.calplacement.org](http://www.calplacement.org)

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Tax ID#: 95-3833997

## 2017 - 2018 CPA MEMBERSHIP APPLICATION

(All memberships begin July 1st and expire June 30th)

PART I: MEMBERSHIP TYPE & PAYMENT		DATE: _____
<b>TYPE OF MEMBERSHIP:</b> <i>(Please check the type of membership)</i> <input type="checkbox"/> <b>INDIVIDUAL</b> \$ 60.00 - one person <i>(list below)</i> <input type="checkbox"/> <b>ORGANIZATIONAL</b> \$150.00 - three people <i>(list below)</i> (\$45.00 for each additional member)		<b>PAYMENT TYPE?</b> <input type="checkbox"/> Check# _____ Date _____ <input type="checkbox"/> PO# _____ <input type="checkbox"/> Credit Card Payment: Go to <a href="http://calplacement.org/register/">http://calplacement.org/register/</a>
<b>REPRESENTING:</b> <input type="checkbox"/> 2-year Community College <input type="checkbox"/> 4-year Public College <input type="checkbox"/> 4-year Private College <input type="checkbox"/> Government Agency <input type="checkbox"/> Employer <input type="checkbox"/> Other: _____		
PART II: MEMBER DETAIL INFORMATION: Please Print or Type		
<b>MEMBER #1:</b> Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New <b>NAME:</b> _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ ext. _____ Email: _____	<b>MEMBER #2:</b> Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New <b>NAME:</b> _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ ext. _____ Email: _____	
<b>MEMBER #3:</b> Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New <b>NAME:</b> _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ ext. _____ Email: _____	<b>MEMBER #4:</b> Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New <b>NAME:</b> _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ ext. _____ Email: _____	

**Return with check or purchase order.**  
**CHECKS PAYABLE TO: California Placement Association**

**MAIL COMPLETED FORM TO:**  
California Placement Association  
C/O Rosa Asencio  
Mt. San Antonio College  
1100 North Grand Avenue  
Walnut, CA 91789  
Or email: [rasencio@mtsac.edu](mailto:rasencio@mtsac.edu)

**MEMBERSHIP QUESTIONS:**  
Rosa Asencio,  
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