



California Placement Association

www.calplacement.org

CPA is a 501c3 tax exempt non-profit organization.
Tax ID#: 95-3833997

2018 – 2019 CPA MEMBERSHIP APPLICATION

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

PART I: MEMBERSHIP TYPE & PAYMENT		DATE: _____
TYPE OF MEMBERSHIP: <i>(Please check the type of membership)</i> <input type="checkbox"/> INDIVIDUAL \$ 60.00 - one person (list below) <input type="checkbox"/> ORGANIZATIONAL \$150.00 - three people (list below) (\$45.00 for each additional member)	PAYMENT TYPE? <input type="checkbox"/> Check# _____ Date _____ <input type="checkbox"/> PO# _____ <input type="checkbox"/> Credit Card: http://calplacement.org/register/	
REPRESENTING: <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"/> K-12 Partner <input type="checkbox"/> Other: _____		REGION <input type="checkbox"/> Northern CA <input type="checkbox"/> Central CA <input type="checkbox"/> Southern CA

PART II: MEMBER DETAIL INFORMATION: Please Print or Type (Next page – additional members)			
MEMBER #1: Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New NAME: _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ ext. _____ Email: _____	MEMBER #2: Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New NAME: _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ ext. _____ Email: _____	MEMBER #3: Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New NAME: _____ Title: _____ Organization: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ ext. _____ Email: _____	MEMBER #4: Check one: <input type="checkbox"/> Renewal <input type="checkbox"/> New NAME: _____ 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	MEMBERSHIP QUESTIONS: Rosa Asencio, CPA Treasurer Mt. San Antonio College Phone: (909) 274 - 4510 Email: rasencio@mtsac.edu	OTHER CPA INFORMATION: Denise Crawford, 2018 – 2019 CPA President Program Manager / Workability III Bakersfield College Phone: (661) 395 - 4659 Email: dcrawfor@bakersfield.edu	OFFICE USE ONLY Paid: _____ Entered: _____ Initials: _____
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PART II: ADDITIONAL ORGANIZATIONAL MEMBER INFORMATION: Please Print or Type

MEMBER #5: Check one: Renewal New
NAME: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____ ext. _____
 Email: _____

MEMBER #6: Check one: Renewal New
NAME: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____ ext. _____
 Email: _____

MEMBER #7: Check one: Renewal New
NAME: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____ ext. _____
 Email: _____

MEMBER #8: Check one: Renewal New
NAME: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____ ext. _____
 Email: _____

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 C/O Rosa Asencio
 Mt. San Antonio College
 1100 North Grand Avenue
 Walnut, CA 91789
 Or email: rasencio@mtsac.edu

MEMBERSHIP QUESTIONS:
 Rosa Asencio,
 CPA Treasurer
 Mt. San Antonio College
 Phone: (909) 274 - 4510
 Email: rasencio@mtsac.edu

OTHER CPA INFORMATION:
 Denise Crawford,
 2018 – 2019 CPA President
 Program Manager / Workability III
 Bakersfield College
 Phone: (661) 395 - 4659
 Email: dcrawfor@bakersfield.edu

OFFICE USE ONLY
 Paid: _____
 Entered: _____
 Initials: _____

Updated March 2018 Eric Hilden