



# California Placement Association

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

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

## 2019 – 2020 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 (list below) <input type="checkbox"/> <b>ORGANIZATIONAL</b> \$150.00 - three people (list below) (\$45.00 for each additional member)	<b>PAYMENT TYPE?</b> <input type="checkbox"/> Check# _____ Date _____ <input type="checkbox"/> PO# _____ <input type="checkbox"/> Credit Card: <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"/> K-12 Partner <input type="checkbox"/> Other: _____		<b>REGION</b> <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)			
<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**

<b>MAIL COMPLETED FORM TO:</b> California Placement Association C/O Rosa Asencio Mt. San Antonio College 1100 North Grand Avenue Walnut, CA 91789 Or email: <a href="mailto:rasencio@mtsac.edu">rasencio@mtsac.edu</a>	<b>MEMBERSHIP QUESTIONS:</b> Rosa Asencio, CPA Treasurer Mt. San Antonio College Phone: (909) 274 - 4510 Email: <a href="mailto:rasencio@mtsac.edu">rasencio@mtsac.edu</a>	<b>OTHER CPA INFORMATION:</b> Denise Crawford, 2018 – 2019 CPA President Program Manager / Workability III Bakersfield College Phone: (661) 395 - 4659 Email: <a href="mailto:dcrawfor@bakersfield.edu">dcrawfor@bakersfield.edu</a>	<b>OFFICE USE ONLY</b> 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 #7:** 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 #8:** Check one:  Renewal  New

**NAME:** \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Email: \_\_\_\_\_

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**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,  
 CPA Treasurer  
 Mt. San Antonio College  
 Phone: (909) 274 - 4510  
 Email: [rasencio@mtsac.edu](mailto: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](mailto:dcrawfor@bakersfield.edu)

**OFFICE USE ONLY**

Paid: \_\_\_\_\_

Entered: \_\_\_\_\_

Initials: \_\_\_\_\_