



California Placement Association

www.calplacement.org

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

2020 – 2021 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) 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: _____ | PAYMENT TYPE? <input type="checkbox"/> Check# _____ Date _____ <input type="checkbox"/> PO# _____ <input type="checkbox"/> Credit Card: http://calplacement.org/register/ | |
| | 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 (\$45.00) 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 Margaret Fernandez Career & Technical Education Rio Hondo College 3600 Workman Mill Road Whittier, CA 90601, Or email: mfernandez@riohondo.edu | MEMBERSHIP QUESTIONS: Margaret Fernandez CPA Treasurer Career & Technical Education Rio Hondo College Email: mfernandez@riohondo.edu | OTHER CPA INFORMATION: Rosalinda Rivas 2019 – 2021 CPA President Workforce Development Coordinator Chaffey College-INTECH Center Phone: (909) 652 - 8482 Email: Rosalinda.Rivas@chaffey.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
 (\$45.00)
NAME: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____ ext. _____
 Email: _____

MEMBER #6: Check one: Renewal New
 (\$45.00)
NAME: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____ ext. _____
 Email: _____

MEMBER #7: Check one: Renewal New
 (\$45.00)
NAME: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____ ext. _____
 Email: _____

MEMBER #8: Check one: Renewal New
 (\$45.00)
NAME: _____
 Title: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: (____) _____ ext. _____
 Email: _____

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MAIL COMPLETED FORM TO:
 California Placement Association
 C/O Margaret Fernandez
 Career & Technical Education
 Rio Hondo College
 3600 Workman Mill Road
 Whittier, CA 90601, Or email:
mfernandez@riohondo.edu

MEMBERSHIP QUESTIONS:
 Margaret Fernandez
 CPA Treasurer
 Career & Technical Education
 Rio Hondo College
 Email:
mfernandez@riohondo.edu

OTHER CPA INFORMATION:
 Rosalinda Rivas
 2019 – 2021 CPA President
 Workforce Development Coordinator
 Chaffey College-INTECH Center
 Phone: (909) 652 - 8482
 Email: Rosalinda.Rivas@chaffey.edu

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