



California Placement Association

www.calplacement.org

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

2023-2024 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 Christina Ly,
CPA Treasurer, 10950 Arrow Rte, PO Box
2416, Rancho Cucamonga, CA 91729-9998
linkincly@gmail.com

MEMBERSHIP QUESTIONS:

Christina Ly, CPA President and Treasurer
CA Placement Association
linkincly@gmail.com

OFFICE USE ONLY

Paid: _____
Entered: _____
Initials: _____