



# California Placement Association

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

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

## 2026-2027 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>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>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>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 (\$45.00) <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 Christina Ly, Treasurer CPA Treasurer, 10950 Arrow Rte, PO Box 2416, Rancho Cucamonga, CA 91729-9998 <a href="mailto:calplacementassociation@gmail.com">calplacementassociation@gmail.com</a>	<b>MEMBERSHIP QUESTIONS:</b> Rodnesha Hill, M.A. President California Placement Association <a href="mailto:calplacementassociation@gmail.com">calplacementassociation@gmail.com</a>	<b>OFFICE USE ONLY</b> Paid: _____ Entered: _____ Initials: _____
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