



CALIFORNIA COUNCIL FOR ADULT EDUCATION

2014-2015 Membership Form



**CCA membership is open to
Teachers, Support Staff, Administrators,
Friends, Retirees, and Students**

Regular Membership Benefits Include:

Federal and state legislative advocacy. Opportunities for Excellence Award nominations.
Membership rates for CCAE sponsored conferences and events. Low-cost healthcare options.
Monthly updates via *The Communicator*, our monthly e-newsletter.
Membership in COABE – The Voice of Adult Education Nationwide.

Select Your Membership

Regular Membership

Teacher or Certificated Non Administrator

21 Hours Plus..... \$ 75 ___
11-20 Hours..... \$ 60 ___
10 Hours or Less..... \$ 30 ___

Classified

Full Time..... \$ 30 ___
Part Time..... \$ 20 ___

Certificated Administrator

Full Time..... \$100 ___
Part Time..... \$ 85 ___

Associate Membership

Retired/Friend/Student..... \$ 20 ___

***Golden Circle Member.....** \$150 ___

***Diamond Member** \$250 ___

TOTAL AMOUNT DUE: _____

Name: _____

Home Address: _____

City: _____ Zip code: _____

Phone (W): _____ Phone (H or C): _____

Email: _____

(Email address ensures access to e-newsletters, alerts, and legislative updates.)

School: _____

District: _____

CCA Section (if known): _____

Referred by: _____

I want to help shape CCAE's future! Tell me how I can volunteer and take part in CCAE's growth.

*Diamond Membership and *Golden Circle Membership: Members who wish to make a financial contribution to CCAE, that is beyond the Regular or Associate Membership fee, may opt to become a Diamond Member or a Golden Circle Member. Diamond Membership recognizes our 75th anniversary, which we will celebrate during the 2018-19 school year. Diamond Members and Golden Circle Members will have all rights and privileges of regular membership, as well as acknowledgment on the CCAE website and state conference brochure.

Payment Options:

1. Join or renew online at www.ccaestate.org
2. Download a Salary Deduction Form from the website to reauthorize or initiate payroll deduction. Submit form to your district.
3. Mail check or credit card authorization to--
CCA, PO Box 620, Syracuse, NY 13206.
4. Scan and email this form to membership@ccaestate.org.
5. Fax to 866-941-5129.

Pay by (check one) ___ Check ___ Credit Card ___ Payroll

Credit card type V ___ M/C ___ AX ___ D ___

Credit card number _____

Expiration _____ CSV# _____

Name on card _____

Signature _____