

Membership Application

Last Name	First	Middle Initial
Address	City	State Zip
Home Phone	Work Phone	E-Mail Address
District	School	
CCAIE Section	Chapter	

Method of Payment:

Visa
 Mastercard
 Amex
 Check
 Payroll Deduction
 Purchase Order No.# _____

Card No. _____

Signature of Cardholder _____

Professional Status (check one)

- Teacher Classified
 Administrator _____

CERTIFICATED

- 21 Hrs. Plus.....\$50.00
 11-20 Hrs.....\$40.00
 10 Hrs or less.....\$30.00

CLASSIFIED

- Full Time.....\$30.00
 Part Time.....\$20.00

ASSOCIATE

- Retired.....\$ 20.00
 Student.....\$ 20.00
 Friend.....\$ 20.00

- CENTURION.....\$100.00
 INSTITUTIONAL.....\$100.00

Total Amount Paid.....\$ _____

- LAPSEL PIN** The CCAIE lapel pin is available from the CCAIE State Office for \$6.00. Check the box above to order. Increase your check or charge, or order the pin separately.

Make check payable to CCAIE. If you select payroll deduction for your dues payment, you must complete the payroll deduction authorization form below
- MAIL THIS PORTION TO: CCAIE State Office, 1006 Fourth Street, Suite 260, Sacramento, CA 95814 -



California Council For Adult Education Salary Deduction Authorization Card

To: _____ Date: _____
School District

Total Annual CCAIE Dues Amount: \$ _____

You are authorized to make a deduction from my salary ten times a year for CCAIE dues in the amount indicated.

Deduction Amount: \$ _____ Effective Date: _____

Employee Name: _____
First M.I. Last

Employee Signature: _____

Employee Social Security Number: _____

- SUBMIT THIS PORTION TO YOUR SCHOOL DISTRICT-