$CADA/CASL\ Application\ for\ Membership-{\tt Membership-Membership} \ -\ {\tt Membership-M$



Please fill out the following form in its entirety and print legibly.

- Please note that the **Individual Membership** is used when only one advisor from your school will be utilizing the CADA and CASL membership. (Must be a California School)
 - **Associate membership** is used for individuals from a school out of the state of California.
- The **School Membership** is good for two or more advisors at the same school. Up to three advisors are included for this membership fee; membership stays with the school should the member leave. (Must be a California school)

Address _					
City		State	Zip	County	
Phone			Fax		
Website_			General Email _		
	• Main Contact:				
	Position at School:	☐ Activities Director	☐ Administrator	☐ Class/Club Advisor	☐ Clerk
	Email address			Direct Phone	
	• 2 nd Representative's Name (INCLUDED):				
				☐ Class/Club Advisor	
				Direct Phone	
	• 3 rd Representativ	e's Name (INCLUDEI	D):		
				☐ Class/Club Advisor	☐ Clerk
	Email address			Direct Phone	
□ Ind	ividual Membership			Membership (Out of S	
_					
Name			Email Addre	ess	
	t School:				
Position a	t School:	Director	rator 🗖 Class/C		
Position a School	t School:	Director	rator	lub Advisor 🔲 Clerk	
Position a School Address _	t School:	Director	rator 🗖 Class/C	lub Advisor Clerk	
Position a School Address _ City	t School:	Director	rator	lub Advisor Clerk	
Position a School Address _ City Phone	t School:	Director	rator	lub Advisor	
Position a School Address _ City Phone	t School:	Director	rator	lub Advisor	
Position a School Address _ City Phone Website _	t School:	Director	rator	lub Advisor	
Position a School Address _ City Phone Website _ Method	d of Payment - So	State Pry, no Purchase	ZipFax General Email	lub Advisor	
Position a School Address _ City Phone Website _ Metho	d of Payment - So	State State Try, no Purchase	Zip Fax General Email e Orders according CC#	lub Advisor	Exp