CALIFORNIA CONTINUATION EDUCATION ASSOCIATION

THE VOICE OF CONTINUATION EDUCATION FOR OVER ONE HUNDRED YEARS

Professional Membership Application

CCEA DIST. # _____ DATE _____

MEMBER _____ HOME STREET ADDRESS _____

HOME CITY _____ HOME STATE _____ HOME ZIP _____ PERSONAL E-MAIL _____

PHONE # _____ FAX # _____

SCHOOL NAME _____ SCHOOL ADDRESS _____

SCHOOL COUNTY _____ SCHOOL CITY _____ SCHOOL STATE _____ SCHOOL ZIP _____

SCHOOL PHONE # _____ SCHOOL FAX # _____

SIGNATURE _____

Membership will run for ONE YEAR from date of purchase

(CERTIFICATED & CLASSIFIED) $50

METHOD OF PAYMENT

All registrations must be accompanied with a valid form of payment. Credit Card, Check, or active purchase order for $50

CHECK # _____ CREDIT CARD: AMEX ☐ VISA ☐ MASTER ☐ DISCOVER ☐

PURCHASE ORDER # _____ CARD # _____ EXP. DATE _____

SIGN HERE _____

OFFICE USE ONLY

REC _____

POST _____

REMB _____

MEMBER # _____

Check for new or current member:

_____ NEW _____ RENEWAL

RETURN TO:

Vic Whitaker 4648 Natalie Dr. San Diego, Ca 92115