

Membership Application

PLEASE TYPE OR PRINT CLEARLY, as future communication will be sent to the address below. NEW RENEWAL ADDRESS or NAME CHANGE

Personal Information

First Name _____ M.I. _____ Last Name _____

Telephone: Work _____ Home _____ Cell _____

Organization/School District _____

Mailing Address: Home Work (please indicate one) _____

City _____ State _____ ZIP _____

Email _____

YES, I would like to receive the *Multilingual News* via email

YES, I would like to join the advocacy network and receive action alerts/advocacy information via email

Membership Dues

- \$20 Parent/Community (PC)
- \$30 Student (STU)
- \$35 Paraprofessional (PP)
- \$40 Retired Teacher/Administrator (RET)
- \$60 Teacher (TEACH)
- \$90 Administrator (ADM)
- \$500 Educational Institution (EI)
- \$500 Non-Profit Organization (NPO)
- \$750 Commercial Organization (CO)

Chapter/Affiliate

Please select a local chapter and/or statewide affiliate.
Please enter number of preferred chapter/affiliate here _____
 I give permission for CABE to select a chapter/affiliate for me.

Contribution

(Choose single payment or monthly electronic deduction) Yes, I would like to contribute to CABE's advocacy efforts on behalf of English Learners and their families. Please accept my tax-deductible contribution of:

- Single donation of: \$25 \$50 \$100 Other \$ _____
- Monthly electronic deduction of \$ _____ per month.

Language Magazine

I would like to purchase Language Magazine at a CABE Member special rate - \$13.95

Payment Total

Membership Dues	\$ _____
Contribution	\$ _____
Language Magazine	\$ _____
Total Due	\$ _____

Payment Methods

- Check/Money Order# _____ (payable to CABE)
- Visa Mastercard American Express
- Expiration Date ___/___

Card Number

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If you would like CABE to automatically renew your membership annually, please sign your initials in this box

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 and CABE will charge your credit card the standard renewal amount on your membership expiration date. This permission will remain in effect until you cancel in writing.

_____ Date _____
Authorized Signature _____

Payroll Deduction

If your school district has payroll deduction for CABE dues, please attach, in lieu of a check, your completed payroll deduction form as required by your district.

Electronic Deduction

I authorize CABE to initiate monthly deductions from my bank account when payments are due for my membership. Payments will be withdrawn on the payment due date or the following business day. I understand that CABE will notify me if my debit amount changes by more than \$1.00 from my previous deduction. I may terminate this agreement at anytime by notifying CABE in writing. Notification must be received by CABE at least five business days prior to the next scheduled debit date in order to prevent previously scheduled debit transactions.

Please send a voided check with this authorization.

Checking Savings ABA Routing# _____
Account# _____
Financial Institution Name _____

_____ Date _____
Authorized Signature _____

Please mail this completed form with payment to:

CABE Headquarters
20888 Amar Rd. Walnut, CA 91789-5054

Office Use Only	CK/PO#	ID#	DATE RCVD:	ENTD:	AMT. RCVD:	OTHER:
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Region I Chapters

- (07) SALSA (Sacramento)
- (08) META (Patterson)
- (13) San Joaquin (Stockton)
- (23) SFABE (San Francisco)
- (76) Yolo Woodland (Woodland)

Region II Chapters

- (02) Tri-KABE
- (25) MCDL (Madera)
- (41) Fresno Madera (Fresno)
- (66) PV Pajaro Valley (Watsonville)
- (95) Eastern Sierra (Bishop)

Region III Chapters

- (03) Pepperdine University (Malibu)
- (28) CABE Mandarin (West Los Angeles)
- (40) Whittier
- (62) AHELB (Long Beach)
- (73) North Orange County

Region IV Chapters

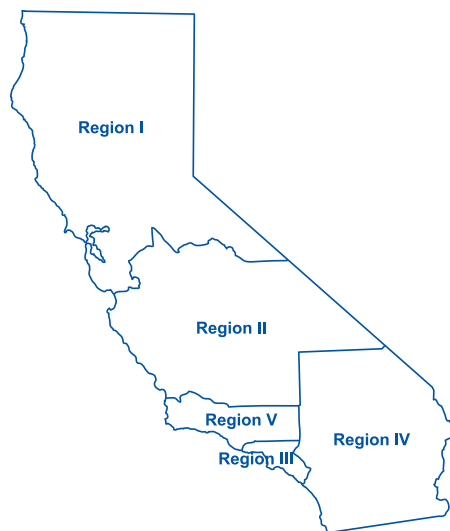
- (16) Riverside
- (36) Coachella Valley (Coachella)
- (65) San Diego South County (San Diego)
- (91) PSABE (Palm Springs)

Region V Chapters

- (48) Ventura County (Ventura)
- (58) Antelope Valley High Desert (Lancaster)

Affiliates

- (99) Out of State CABE Members
- (100) CABTE Affiliate
(California Association for Bilingual Teacher Educators)



To better serve our members and their local needs, CABE has divided the State of California into five regions. Each region is represented on the Board of Directors by a Region Representative. If you don't know who your current Region Representative is, please go to www.gocabe.org