

# 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)

## Payment Methods

- Check/Money Order# \_\_\_\_\_ (payable to CABE)
- Visa  Mastercard  American Express
- Expiration Date \_\_\_/\_\_\_ CVV \_\_\_\_\_

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.

## 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.

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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.

## 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.

## Language Magazine

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

## 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 \_\_\_\_\_

## Payment Total

Membership Dues	\$ _____
Contribution	\$ _____
Language Magazine	\$ _____
<b>Total Due</b>	<b>\$ _____</b>

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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) Orange County
- (74) CABE Korean (Orange County)

## Region IV Chapters

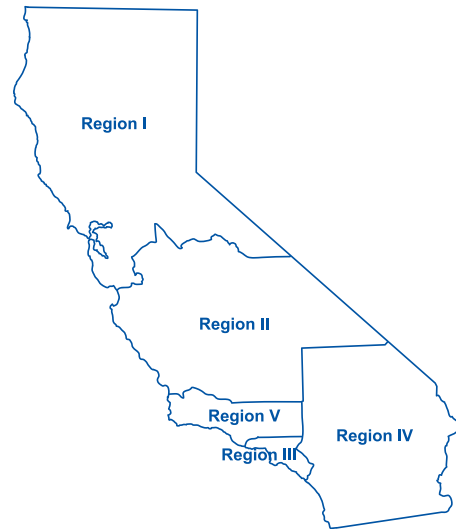
- (06) Riverside
- (36) Coachella CABE (Coachella)
- (53) SBCCC (San Bernardino County)
- (65) San Diego South County (San Diego)
- (91) CABE del Desierto (Palm Springs)

## Region V Chapters

- (48) Ventura County (Ventura)
- (58) Antelope Valley Hi-Desert (Palmdale)

## 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](http://www.gocabe.org)