



A Voice for Education

Membership Form

(One form per person, please print)

Name: _____ Title: _____

College/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

CCCCA Membership: \$50.00 Amount Enclosed: _____
(Includes new member individual CCCC membership for the period of 7/1/2009 – 6/30/2010.)

Send payment (check only please), payable to: **CalWORKs Association**
c/o Catherine Lachance – CalWORKs
6500 Soquel Dr.
Aptos, CA 95003

Return this form with payment and your receipt will be mailed to you. Sorry, no refunds.

If you have any questions, feel free to contact Catherine Lachance, 831-479-6463.

FOR OFFICIAL USE ONLY
Payment Received
Date:
Amount:
Check #:
Received by: