CCAP MEMBERSHIP APPLICATION
PRIMARY CONTACT

NAME: _____________________________________________________________

TITLE: _____________________________________________________________

ORGANIZATION: ______________________________________________________

ADDRESS: ____________________________________________________________

____________________________________________________________________

CITY: ___________________________ STATE: _______________ ZIP: __________

PHONE: ___________________________ FAX: _____________________________

EMAIL: _____________________________________________________________

TYPE OF MEMBERSHIP

Authorizer Membership:
Organizational Authorizer Member
☐ Small: 0-5 Charter Schools Authorized $250
☐ Medium: 6-15 Charter Schools Authorized $500
☐ Large: 16+ Charter Schools Authorized $1,500
Individual Authorizer Member
☐ One person $150

Associate Membership:
Organizational Associate Member
☐ Organizations with 2-15 Employees $650
☐ Organizations with 16+ Employees $1,750
Individual Associate Member
☐ One person $250

Please make payment by check payable or send/email PO to:
info@calauthorizers.org – (916) 244-3520
California Charter Authorizing Professionals
c/o Treasurer
2351 Sunset Blvd, Ste. 170
Rocklin, CA 95765

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