



**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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