



**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](mailto: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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