

# 2011-2012 MEMBERSHIP Application/Invoice



## MEMBERSHIP DUES

Membership term runs July 1 – June 30.

Institutional Membership is \$190 \$\_\_\_\_\_  
Entitles up to three (3) people within your organization to CalSPRA benefits.

Additional members are \$50 each:  
#\_\_\_\_\_ additional members = \$\_\_\_\_\_

Individual Membership is \$95 \$\_\_\_\_\_

Associate Membership is \$50 \$\_\_\_\_\_  
Limited to people working outside of education.

Golden Mentor Membership NO DUES  
Golden Mentor status and Lifetime Membership is granted to retired members after five years of CalSPRA service.

TOTAL payable to CalSPRA \$\_\_\_\_\_

Please complete this Membership Application & Invoice and return it with your check, payable to CalSPRA, to:

Jacqueline Ratto, CalSPRA Treasurer  
11525 Crocker Road  
Stockton, CA 95206

OR REGISTER ONLINE AT  
[www.joincalspra.eventbrite.com](http://www.joincalspra.eventbrite.com)

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Renewing CalSPRA Member | <input type="checkbox"/> I am interested in volunteering for CalSPRA               |
| <input type="checkbox"/> New CalSPRA Member      | <input type="checkbox"/> Golden Mentor   |
| <input type="checkbox"/> I am a member of NSPRA  | <input type="checkbox"/> Opt out of Listserv (All members are automatically added) |

Years of Experience: \_\_\_\_\_ Public Relations \_\_\_\_\_ School Public Relations

For Institutional Memberships, please copy this form and submit a separate form for each member.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

District/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ FAX:( ) \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Alternate Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Superintendent / CEO's Name: \_\_\_\_\_