## INSTITUTIONAL MEMBERSHIP FORM



| Select Your Institutional Membership Level and Benefits  |   |
|--|---|
| Standard Institutional Membership  | Platinum Institutional Membership   |
|  |   |
| \$250  | \$500   |
| Includes:  | Includes:   |
| <ul> <li>Individual memberships for two members of your adult school staff</li> <li>The distinct of the school staff</li> </ul>  | • All the benefits of a Standard Institutional Membership   |
| <ul> <li>Text listing of your adult school on our<br/>Institutional Members page</li> </ul>  | PLUS  |
| <ul> <li>All Standard Individual Membership benefits<br/>including:</li> <li>Exclusive news</li> <li>Professional Development opportunities</li> <li>Member-only discounts to CCAE state and<br/>section events</li> </ul> | <ul> <li>Associate member benefits for up to 15 students at your school (a \$300 value)</li> <li>Your school logo prominently featured on the CCAE website, in the State Conference program, and in the <i>Communicator</i> email newsletter</li> </ul> |
| School Contact Information   |   |
| School/Institution Name:   |   |
| Contact Person for School: Name:   |   |
| Address:   |   |
| City, State, Zip:  |   |
| Phone Number:  | Email address:  |
| CCAE Chapter:  | CCAE Section:   |
| Member Contact Information   |   |
|  | I Individual Memberships  |
| Staff Member 1   | Staff Member 2  |
| Name:Address:  | Name:   |
| City, State, Zip:  | Address:<br>City, State, Zip:   |
| Phone: Email:  | Phone: Email:   |
|  |   |
| Payment Information  |   |
| Payment Method   | Credit Card Form  |
| Check: Check Number:   | Name on Card:<br>Card #:  |
| Purchase Order: PO Number:   | Expiration Date: CSV:   |
| $\Box$ Credit Card: fill out the Credit Card Form $\rightarrow$  | Billing Zip Code:   |
|  | Signature:  |
|  |   |
| If you are not submitting the form online, please print the form and mail it to:   |   |

CCAE PO Box 4646 Whittier, CA 90607-4646