

Membership Application

PLEASE TYPE OR PRINT CLEARLY, as future communication will be sent to the address below.

NEW RENEWAL ADDRESS or NAME CHANGE

Personal Information

First Name _____ M.I. _____ Last Name _____

Phone: Work _____ Home _____ Mobile _____

Organization/School District _____

Mailing Address _____

City _____ State _____ ZIP _____

Email _____

Role

- | | | | |
|---------------------------------------|--------------------------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Retired Teacher/Administrator | <input type="checkbox"/> Higher Ed | <input type="checkbox"/> University |
| <input type="checkbox"/> Supporter | <input type="checkbox"/> Teacher | <input type="checkbox"/> Researcher | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Student | <input type="checkbox"/> Counselor | <input type="checkbox"/> School | <input type="checkbox"/> Business |
| <input type="checkbox"/> Paraeducator | <input type="checkbox"/> Administrator | <input type="checkbox"/> District | <input type="checkbox"/> Other |

Membership Dues

- \$35 Community (Parents, Students, Retired Teachers, Supporters)
 \$65 Educators (Teachers, Administrators, Counselors, Paraeducators, Higher Ed, Researchers)
 \$750 Institutional & Commercial

Please accept my taxdeductible contribution of:

- Single donation of: \$25 \$50 \$100 Other \$ _____

Language Magazine

- I would like to purchase Language Magazine at a CABE Member special rate - \$13.95

Chapter

- Please enter number of preferred chapter here _____
 I give permission for CABE to select a chapter for me.

Payment Methods

- Check# _____ (payable to CABE)
 Cash Purchase Order# _____

Contribution

(Choose single payment) Yes, I would like to contribute to CABE's advocacy efforts on behalf of English Learners and their families.

Payroll and Electronic deductions available!

Please direct questions to membership@gocabe.org

Chapters

Region I Chapters

- (08) META (Patterson)
(13) San Joaquin (Stockton)
(23) SFABE (San Francisco)
(76) Yolo/Woodland

Region II Chapters

- (02) Tri-KABE (Bakersfield)
(15) Central Valley Dual Language Education
(66) Pajaro Valley (Watsonville)

Region III Chapters

- (03) Pepperdine University (Los Angeles)
(28) CABE Mandarin (West Los Angeles)
(40) Whittier
(62) AHELB (Long Beach)
(67) CABE Vietnamese (Westminster)
(73) Orange County
(74) CABE Korean (Orange County)

Region IV Chapters

- (06) Riverside
(36) Coachella Valley (Coachella)
(53) SBCCC (San Bernardino County)
(65) San Diego South County (San Diego)
(84) CABE Calexico Educación sin Fronteras
(91) CABE del Desierto (Palm Springs)

Region V Chapters

- (09) Santa Barbara County
(48) Ventura County (Oxnard)
(58) Antelope Valley Hi-Desert (Palmdale)

Members-at-Large

- (99) Out of State



To better serve our members and their local needs, CABE has divided the State of California into five regions. Each region is represented on the Board of Directors by a Region Representative.

To find out who your Region Representative is, go to, https://www.gocabe.org/cabe_regional/

Office Use Only	CK/PO#	ID#	DATE RCVD:	ENTD:	AMT. RCVD:	Other
-----------------	--------	-----	------------	-------	------------	-------