

CSBA's California Council of School Attorneys 2011-2012 Membership Form

(Membership is from July 1, 2011 to June 30, 2012)

To be a CCSA member, you must 1) pay dues; 2) represent a California School Boards Association (CSBA) member; and 3) avoid representing a party whose interests are adverse to a California public school district.

Please note, if you join by September 9, 2011, the information you provide will be reflected in the updated CCSA Online directory available for download by October 14.

Name _____
Title _____
Company _____
Address _____
City, State and Zip _____
County _____
Business Telephone _____
Business Fax _____
Email Address _____

Current Experience/Area of Expertise: (Please check no more than 4)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bonds/Finance | <input type="checkbox"/> Brown Act | <input type="checkbox"/> Business | <input type="checkbox"/> Collective Bargaining |
| <input type="checkbox"/> Community Colleges | <input type="checkbox"/> Charter Schools | <input type="checkbox"/> Facilities | <input type="checkbox"/> Nondiscrimination |
| <input type="checkbox"/> Litigation | <input type="checkbox"/> Personnel | <input type="checkbox"/> Special Education | <input type="checkbox"/> Student Issues |

Areas of special expertise about which you could be called upon to speak (to be used by program committee):

Topics on which you would like CCSA to offer MCLE sessions, or other information seminars:

I represent the following California school district(s), including boards of education, county boards of education, boards of public community colleges, or board of regional occupation center/program within the State of California:

Choose One:

- | | | | |
|---|-------|-----------|-------|
| <input type="checkbox"/> Regular Membership: | _____ | x \$195 = | _____ |
| <input type="checkbox"/> In House Counsel Membership: (Attorneys who are employees of a public school district or COE) | _____ | x \$125 = | _____ |
| <input type="checkbox"/> Associate California Council of School Attorneys Membership: (For every regular member, 5 additional attorneys from your firm can join at the associate level.): | _____ | x \$100 = | _____ |

Amount enclosed
Date

P.O./VISA/MasterCard/American Express/Check #

Exp.

Please make your purchase order or check payable to the California School Boards Association. Return payment and completed membership form to:

California School Boards Association
Attn: Shelley Cody
3100 Beacon Blvd.
West Sacramento, CA 95691
Ph (916) 669-3268 Fx (916) 669-3366
Membership questions? scody@csba.org
Billing questions? lhuntley@csba.org