

# CSBA's California Council of School Attorneys 2010-2011 Membership Form

(Membership is from July 1, 2010 to June 30, 2011)

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 the information you provide will be reflected in the 2011 CCSA Online directory.

**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):

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

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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:

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**Choose One:**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> <b>Regular Membership:</b>  | _____ x \$195 = _____ |
| <input type="checkbox"/> <b>In House Counsel Membership:</b> (Attorneys who are employees of a public school district or COE)  | _____ x \$125 = _____ |
| <input type="checkbox"/> <b>Associate California Council of School Attorneys Membership:</b> (For every regular member, 4 additional attorneys from your firm can join at the associate level.): | _____ x \$75 = _____  |

**Amount enclosed**

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

**Exp. Date**

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  
 c/o Westamerica Bank  
 P.O. Box 1450  
 Suisun City, CA 94585-4450  
 Ph (916) 669-3268 Fx (916) 371-3407  
**Membership questions?** [scody@csba.org](mailto:scody@csba.org)  
**Billing questions?** [lhuntley@csba.org](mailto:lhuntley@csba.org)