

CAEA Membership Form

Please print this page and mail it in with payment to become a member of California Art Education Association.

Membership Type REQUIRED

New Member

Renewal

Referred By: _____

Membership ID # _____

Personal Information REQUIRED Please Print

Last Name _____

First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

County _____

Home Phone _____ Work Phone _____

Fax Number _____ Email _____

Membership Category REQUIRED

First Time Member \$ 35

Retired \$25

CAEA Institutional/School-Based

Full Time Student \$15

Active/Regular \$50

Partnerships \$350

Teaching Level (Please select ONE level below where you spend over 50% of your professional time)

Elementary

Senior High

Community Arts

Middle

Community College

Museum

Junior High

University

Other _____

Position (Please select ONE role below...if you have more than one role, please select your major role)

Elementary Classroom Teacher

Art Specialist/Teacher

Non-Art Supervisor

Community Museum Education

Art Supervisor/Consultant

Full Time Student

Principal/Administrator

State/County Administrator

Commercial Representative

Independent Consultant

Higher Education Professor

Other _____

I Am Willing to Volunteer for....(Select ALL that apply)

Area Conference Committee

Area Activities/Mini Conferences

Curriculum

Student Exhibits/YAM Shows

Clay Days

Membership

Scholarship Fundraising

SmART Days

State Conference Committee

Other _____

Payment NO PURCHASE ORDERS ACCEPTED

Check (Make Payable to CAEA)

Check Number _____

Visa/Master Card

Card Number _____

Expiration Date _____

3 Digit Verification # (on back of card) _____

MAIL TO:

CAEA Executive Secretary

Faith Ray Macneil

PO Box 28447

Anaheim, CA 92809

Signature _____

Amount Enclosed

\$