

California Part-time Faculty Association
Advocate, Educate, Legislate



Membership Application & Renewal Form

BY CASH / CHECK



I. PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)

FIRST NAME: _____ MI: _____

LAST NAME: _____

PHONE: (_____) _____ EMAIL: _____

ADDRESS: _____

CITY: _____ ZIP: _____

COLLEGE / DISTRICT: _____

DEPARTMENT: _____

RENEWAL (check one): Yes No APPLICATION DATE: ____ / ____ / ____

II. CHECK MEMBERSHIP LEVEL

REGULAR.....\$40.00

SUSTAINING.....\$100.00

INSTITUTIONAL.....\$500.00

On behalf of nearly 40,000 part-time faculty working in the California Community Colleges System, CPFA would like to take this opportunity to ask you to consider becoming a Sustaining Member if you are a full-time and/or full-salaried employee. Your membership dues go a long way towards improving the quality of education and advocating for fair working conditions in the state of California. Thank you for your contribution and support.

IV. SUBMIT FORM

PLEASE INCLUDE YOUR PAYMENT & MAIL THIS APPLICATION TO:

CPFA Membership
PO Box 1836
Sacramento, CA 95812

 **IMPORTANT INFORMATION:**
PLEASE MAKE CHECKS PAYABLE TO THE "CALIFORNIA PART-TIME FACULTY ASSOCIATION" OR "CPFA".

FOR QUESTIONS OR FURTHER INSTRUCTION ON THE MEMBERSHIP APPLICATION PROCESS:
Please contact CPFA's Director of Membership
at membership@cpfa.org or call (916) 572-CPFA (2732)