



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  
1017 L St #707  
SACRAMENTO, CA 95814



### 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](mailto:membership@cpfa.org) or call (916) 572-CPFA (2732)