

Coastal Tri-Counties, District 3 CDA

P.O Box 2162, Santa Barbara, CA 93120

MEMBERSHIP APPLICATION: Period for June 1, 2009 - May 31, 2010

Please mail this form along with your check to the address above.

Membership Dues are due by May 31st, 2009. Please make check payable to CTC.

MEMBERSHIP CATEGORY - Please select one.

- _____ Active \$ 35
- _____ Associate \$ 35
- _____ Technician \$ 30
- _____ Student \$ 15
- _____ Retired \$ 15

_____ PLEASE MARK HERE IF YOU ARE A NEW MEMBER
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ROSTER LISTING INFORMATION (*This information will appear in the CTC annual roster provided to CTC members only.*)

Name & Credentials _____ RD# _____

Address _____

City _____ ZIP _____

Home Phone _____ FAX _____

Email: Home _____

EMPLOYMENT

Position _____

Facility/Company _____

Address _____

City _____ ZIP _____

Work Phone _____ FAX _____

Email: Work _____

NOTE: Please note the preferred email for CTC information. HOME WORK Neither

<p>CTC now does the majority of our communications online. Notify the email coordinator ASAP to get the job listings, upcoming events and other information when you switch email addresses.</p>
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To better plan our year of educational and networking events to serve our membership, please list the LEARNING NEEDS CODE(s) that you require in order to satisfy your Professional Development Portfolio. _____

- Any topics, speakers, activities of interest? _____
- Would you be willing to volunteer 2 -5 hours/yr to help with programs? Yes or No
- Would you be interesting in being on our board? Yes or No

THANK YOU!