

Coastal Tri-Counties, District 3 CDA

P.O Box 2162, Santa Barbara, CA 93120

MEMBERSHIP APPLICATION: Period for June 1, 2010 - May 31, 2011

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

MEMBERSHIP CATEGORY - Please select one. Membership Dues are due by May 31st, 2010.

Please make check payable to CTC: PLEASE MARK HERE IF YOU ARE A NEW MEMBER: _____

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

(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 _____ Work _____

Note: Please notify the email coordinator if you change your email address so you can continue to receive our communications, job listings, and upcoming events or other information.

EMPLOYMENT

Position _____

Facility/Company _____

Address _____

City _____ ZIP _____

Work Phone _____ FAX _____

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!