

CSBA's California Council of School Attorneys 2016-2017 Membership Form

(Membership is from July 1, 2016 to June 30, 2017)

To be a CCSA member, you must 1) pay dues; 2) represent a California School Boards Association (CSBA) member, and 3) avoid representing a party whose interests are adverse to a California public school district.

Name _____
Title _____
Company _____
Address _____
City, State and Zip _____
County _____
School District(s) represented _____
Business Telephone _____
Business Fax _____
Email Address _____
CA State Bar No. _____

Current Experience/Areas of Expertise: (Please check no more than 4)

Bonds/Finance	Brown Act	Business	Collective Bargaining
Community Colleges	Charter Schools	Facilities	Nondiscrimination
Litigation	Personnel	Special Education	Student Issues

Areas of special expertise about which you could be called upon to speak (to be used by program committee):

Topics on which you would like CCSA to offer MCLE sessions, or other information seminars:

Pursuant to CCSA bylaws Article IV, membership in CCSA is limited to "any attorney representing any school district, community college district, or county office of education on a regular basis..." Membership within CCSA shall terminate immediately when a member either fails to represent a school district, community college district, or county office of education or for other "good and just cause." CCSA members have an affirmative duty to inform CCSA when a member no longer represents and/or acts in the interests of school districts, community college districts, or county offices of education.

Choose one:

CCSA Regular Membership	\$225
CCSA In House Counsel Membership (Attorneys who are employees of a public school district or COE)	\$155
CCSA Associate Membership (For every regular member, 5 additional attorneys from your firm can join at the associate level.)	\$115

Amount enclosed: \$ _____ Check #: _____ (Effective May 1, 2016 CSBA is no longer accepting purchase orders (POs) on open invoices and event registrations.)

*Cardholder Name: _____ Credit Card Number: _____
CVV #: _____ Expiration Date: _____

Please make your check payable to the **California School Boards Association**. Return payment and completed membership form to:
California School Boards Association
Attn: Mary Biehl
3251 Beacon Blvd.
West Sacramento, CA 95691

***Please note that the policies of the major credit card companies (American Express, MasterCard, and Visa) no longer permit CSBA to receive credit card information via electronic message (email, instant messaging, etc.) If paying with a credit card, please submit this form via our secure fax: (916) 669-3265.**

Membership and Billing questions? mbiehl@csba.org