

CSBA's California Council of School Attorneys 2017-2018 Membership Form



(Membership is from July 1, 2017 to June 30, 2018)

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: _____

Business Telephone: _____ | Business Fax: _____

Email Address: _____ | CA State Bar No.: _____

School District(s) represented: _____

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

- Bonds/Finance Business Community Colleges Facilities Litigation Special Education
 Brown Act Collective Bargaining Charter Schools Nondiscrimination Personnel 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 CCSA members have an affirmative duty to inform CCSA when a member no longer represents and/or acts in the interests of school districts, community college districts, or county offices of education.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/COSA Regular Membership—\$250
- CCSA/COSA In House Counsel Membership—\$170
(Attorneys who are employees of a public school district or COE)
- CCSA only Associate Membership—\$140
(For every Regular or In House Counsel level member, 5 additional attorneys from your firm can join at the Associate level. Associate level memberships do not include COSA.)

Payment (Effective May 1, 2016 CSBA no longer accepts purchase orders (POs) on open invoices or event registrations.)

Amount Enclosed: _____ | Check #: _____

*Cardholder Name: _____ | Credit Card #: _____ | Exp.: _____ | CVV#: _____

👉 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