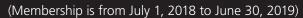
CSBA's California Council of School Attorneys

2018-2019 Membership Form





Name:	lame: Informal Name			Title:			
Company:							
Address:			City, State and Zip:				
Business Telephone:			Business Fax:				
Email Address:			CA State Bar No.:				
School District(s) repr	resented:						
Current Experi	ence/Areas of Experti	se (Please check	no more	than 4):			
☐ Bonds/Finance ☐ Brown Act	☐ Business☐ Collective Bargaining	., .,		☐ Facilities ☐ Nondiscrimination	☐ Litigation☐ Personne	•	l Educatior nt Issues
Areas of special ex	xpertise about which you c	ould be called up	on to sp	eak (to be used by progra	m committee)		
Topics on which yo	ou would like CCSA to offe	r MCLE sessions,	or other	information seminars:			
	bylaws Article IV, member "any attorney representing		hoose (one:			
	mmunity college district, or n on a regular basis" Me	county		COSA Regular Membershi	n— \$250		
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			☐ CCSA/COSA In House Counsel Membership—\$170				
			(Attorneys who are employees of a public school district or COE)				
members have an when a member n the interests of sch	affirmative duty to inform to longer represents and/or nool districts, community or offices of education.	CCSA (F acts in	or every R	only Associate Membershi egular or In House Counsel le on at the Associate level. Assoc	vel member, 5 ac		
Payment (Effecti	ive May 1, 2016 CSBA no lo	onger accepts pu	rchase oi	ders (POs) on open invoid	ces or event re	gistrations.)	
Amount Enclosed:			Check #:				
				: Card #:			

Please make your check payable to the California School Boards Association. Return payment and completed membership form to: California School Boards Association | Attn: Kyla Asbell | 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.