

CAEA Membership Form

Please print this page and mail it in with payment to become a member of California Art Education Association.

Membership Type <input type="checkbox"/> NEW MEMBER <i>Referred by:</i>		<input type="checkbox"/> RENEWAL <i>Membership ID #:</i>	
PERSONAL INFORMATION <i>REQUIRED (Please Print)</i>			
Last Name:		First:	M.I.
Address:			
City:		State:	Zip:
Place of Employment:		County of Employment:	
Home Phone:		Work Phone :	
Cell Phone:		Email:	

Membership Category <i>REQUIRED</i>		
<input type="checkbox"/> First Time Member \$35	<input type="checkbox"/> Retired \$25	<input type="checkbox"/> CAEA Institutional/School-Based Partnerships \$350
<input type="checkbox"/> Full Time Student \$15*	<input type="checkbox"/> Active/Regular \$50	
Teaching Level <i>(Please select ONE level below where you spend over 50% of your professional time)</i>		
<input type="checkbox"/> Elementary	<input type="checkbox"/> Senior High	<input type="checkbox"/> Community Arts
<input type="checkbox"/> Middle	<input type="checkbox"/> Community College	<input type="checkbox"/> Museum
<input type="checkbox"/> Junior High	<input type="checkbox"/> University	<input type="checkbox"/> Other:
Position <i>(Please select ONE role below...if you have more than one role, please select your major role)</i>		
<input type="checkbox"/> Elementary Classroom Teacher	<input type="checkbox"/> Art Specialist/Teacher	<input type="checkbox"/> Commercial Representative
<input type="checkbox"/> Non-Art Supervisor	<input type="checkbox"/> Community Museum Education	<input type="checkbox"/> Higher Education Professor
<input type="checkbox"/> Art Supervisor/Consultant	<input type="checkbox"/> Full Time Student*	<input type="checkbox"/> Independent Consultant
<input type="checkbox"/> Principal/Administrator	<input type="checkbox"/> State/County Administrator	<input type="checkbox"/> Other:

*Copy of student transcript showing a minimum of 12 current units of study must accompany this form to qualify for student membership category.

I am willing to volunteer for... <i>(Select ALL that apply)</i>		
<input type="checkbox"/> Area Conference Committee	<input type="checkbox"/> Area Activities/Mini Conferences	<input type="checkbox"/> Curriculum
<input type="checkbox"/> Student Exhibits/YAM Shows	<input type="checkbox"/> Clay Days	<input type="checkbox"/> Membership
<input type="checkbox"/> Scholarship Fundraising	<input type="checkbox"/> SmART Days	<input type="checkbox"/> State Conference Committee
<input type="checkbox"/> Other		

I teach or am interested in the following areas <i>(Mark ALL that apply)</i>				
<input type="checkbox"/> Drawing	<input type="checkbox"/> Design	<input type="checkbox"/> Art History	<input type="checkbox"/> Printmaking	<input type="checkbox"/> Fashion
<input type="checkbox"/> Painting	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> AP Art History	<input type="checkbox"/> Textiles/Fibers	<input type="checkbox"/> Animation
<input type="checkbox"/> Sculpture	<input type="checkbox"/> Digital Media	<input type="checkbox"/> AP 2-D	<input type="checkbox"/> Crafts	<input type="checkbox"/> Video
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Jewelry	<input type="checkbox"/> AP 3-D	<input type="checkbox"/> Photography	<input type="checkbox"/> Multi-media
<input type="checkbox"/> Art Appreciation	<input type="checkbox"/> Arts Integration	<input type="checkbox"/> Generalist Teacher Issues	<input type="checkbox"/> Other:	

PAYMENT <i>NO PURCHASE ORDERS ACCEPTED</i>		
<input type="checkbox"/> Check <i>(Make Payable to CAEA)</i>	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Amount to be Charged on Card: \$
Check Number:	Card Number:	
Check Amount Enclosed: \$	Expiration Date:	³ Digit Verification # <i>(on back of card):</i>
Credit Card Mailing Address Zip Code <i>(required):</i>		
Signature:		Date:

MAIL TO: CAEA Executive Secretary | 80 W. Sierra Madre Blvd. #373, Sierra Madre, CA 91024