



**The membership period is from July 1 through June 30.**

*When viewing this form as a PDF in Adobe, you can click on the fill-in box or the check box to type directly into it, save to desktop and print.*

*Please attach a business card if one is available.*

## Membership Application

Name \_\_\_\_\_ Title / Responsibility \_\_\_\_\_

School or Agency \_\_\_\_\_

Corporate or School District name or # \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Work Ph. # \_\_\_\_\_ Home Ph. # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_ Web Site URL \_\_\_\_\_

### Membership Category

*Please Check One:*

- Administrator   
  Educator   
  Counselor   
  Paraprofessional   
  Retiree   
  Classified  
 Parent   
  Student   
  Community Stakeholder   
  Corporate Representative   
  Consultant  
 Other: \_\_\_\_\_  
*(please specify)*

### Network Membership Structure

*Please Check One:*

- \$10 High School Student   
  \$25 Parent   
  \$75 Educator   
  \$100 Community Member / Other  
 \$500 Non-profit organizations (e.g. K-12 schools, fraternities, sororities, etc.)  
 \$1,500 School Districts / Colleges / Universities   
  \$5,000 Corporations / Foundations

**Please make check payable to CAAAE and mail to:**

**ABEN**  
**P.O. Box 3134**  
**San Jose, CA 95156-3134**

**A BLACK EDUCATION NETWORK** is a professional organization for those whose purpose is to make a positive difference in the lives of African American children everywhere!

**For additional information, please contact:**

**Debra Watkins**  
 CAAAE Executive Director  
**ph: 1 (408) 977-4188 • fax: 1 (408) 453-0997**  
**email: info@caaae.org**

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