

California Association of Administrators of State and Federal Education Programs CAASFEP Membership Form

Please print the form and send the completed registration form to the address below.

Name:		Title:	
School District/Orga	nization:		
Address:		City:	Zip:
Phone:	Fax:	E-mail:	
Annual CAASFEP Me Checks only. We can	•	rs. Please make checks paya	able to CAASFEP.
nation programs Members' Only sect	NAI Idition to networking oppoint, NAFEPA members received to the second of the website www.	ve timely information about niteboard Advisors, posts w	orm ram administrators across the the implementation of federal veekly federal updates to the webinars for members. Other
Name:		Title:	
School District/Orga	nization:		
Address:		City:	Zip:
Phone:	Fax:	E-mail:	

Annual NAFEPA Fee: \$85 for CAASFEP Members and \$100 for non-members. Checks only. We cannot accept purchase orders. Please make checks payable to CAASFEP.

(Total for CAASFEP/NAFEPA Membership \$195)

Send completed registration form for CAASFEP and/or NAFEPA membership to:

CAASFEP c/o Art Malicdem PO Box 560 Walnut, CA 91788