

CCCECE MEMBERSHIP



Date _____ Last Name _____ First Name _____

Address _____ City & Zip _____

Home Phone _____ Home _____
Number _____ Email _____

Institution Name _____ Department _____

Address _____ City & Zip _____

Work _____
Number _____ Work Email _____

Check type of Membership:

- FULL-TIME FACULTY \$75
- PART-TIME / RETIRED FACULTY \$30
- LAB SCHOOL STAFF \$30/each
- STUDENT WORK \$0

AMOUNT PAID \$ _____

METHOD OF PAYMENT: CHECK ENCLOSED PAY PAL

To pay by PayPal:

1. Email this membership form to smoe@riohondo.edu
2. Go to the CCCECE PayPal link, https://paypal.me/cccece?country.x=US&locale.x=en_US
3. Select "Send"
4. Enter membership fee amount
5. Add your full name and college

If paying by check, please make checks payable to: CCCECE

Mail check and this form to:

CCCECE
P.O. Box 2466
Rocklin, CA 95677

For enrollment questions contact Sondra Moe: smoe@riohondo.edu