

## **CSPRA Membership Application**

I hereby authorize the State Controller (or CalPERS for retirees) to deduct from my payroll warrant and transmit as designated an amount for membership dues in the California State Park Rangers Association. This authorization will remain in effect until canceled by myself or by the organization. I certify I am applying to be a member of the above organization and understand that termination of membership will cancel deductions made under this authorization.

Jate _				
Name _	first	 middle initial		
	first	middle initial	last	
Month	ly Membership Type (CHECK O	NE):		
	Active \$10/month			
	Active Retired \$5/month			
	Supporting \$60/year			
	Professional Development (student) \$36/year			
	Organization \$120/year			
	Benefactor \$1,000 lifetime			
Mailing	g Address (home or work)			
Home (	e-Mail Address			
Social S	Security Number		(Required for Active & A	Active Retired)
Γeleph	one (home or work) (	)		
District	or Section	Job Title		

I do not have e-mail and request the printed "Wave" Newsletter via US Postal Mail  $\,$ 

Send annual receipt for supervisory professional dues

Your name may be printed in our Newsletter as a new member, and your e-mail added to our CSPRAnet professional member communication forum