

Institutional Membership Application



PLEASE TYPE OR PRINT CLEARLY, as your future mailings depend on this application.

NEW RENEWAL ADDRESS or NAME CHANGE

Contact Information

First Name _____ M.I. _____ Last Name _____

Telephone: Work _____ Fax _____

Home _____ Cell _____

Mailing Address: _____

City _____ State _____ ZIP _____

E-Mail _____

- YES, I would like to receive the quarterly newsletter, *Multilingual News* via email
 YES, I would like to join the advocacy network and receive action alerts/advocacy information via email

- School District
 Non-Profit Organization
 Corporation/Company

Payment Methods

- Check/Money Order# _____ (payable to CABE)
 Visa Mastercard American Express
Expiration Date ___/___

Membership Dues

- \$500 Educational Institution (EI)
 \$500 Non-Profit Organization (NPO)
 \$750 Commercial Organization (CO)

Card Number

Contribution

(Choose single payment or monthly electronic deduction)
Yes, I would like to contribute to CABE's advocacy efforts on behalf of English Learners and their families. Please accept my tax-deductible contribution of:

If you would like CABE to automatically renew your membership annually, please sign your initials in this box and CABE will charge your credit card the standard renewal amount on your membership expiration date. This permission will remain in effect until you cancel in writing.

- Single donation of: \$25 \$50 \$100 Other \$ _____
 Monthly electronic deduction of \$ _____ per month.

Authorized Signature _____ Date _____

Payment Total

Membership Dues \$ _____
Contribution \$ _____

Total Due \$ _____

Electronic Deduction

I authorize CABE to initiate monthly deductions from my bank account when payments are due for my membership. Payments will be withdrawn on the payment due date or the following business day. I understand that CABE will notify me if my debit amount changes by more than \$1.00 from my previous deduction. I may terminate this agreement at anytime by notifying CABE in writing. Notification must be received by CABE at least five business days prior to the next scheduled debit date in order to prevent previously scheduled debit transactions.
Please send a voided check with this authorization.

Please mail this completed form with payment to:
CABE Headquarters
16033 E. San Bernardino Rd. Covina, CA 91722-3900

Checking Savings ABA Routing# _____
Account# _____
Financial Institution Name _____

Office Use Only	CK/PO#
	ID#
DATE RCVD:	AMT. RCVD:
ENTD:	OTHER:

Authorized Signature _____ Date _____

Region I Chapters

- (92) Hayward
- (45) Richmond (RABE)
- (23) San Francisco (SFABE)
- (11) El Pueblo de San Jose
- (17) Truckee/Tahoe
- (13) San Joaquin
- (76) Woodland
- (97) CSU Stanislaus (BECCA)
- (93) Peninsula
- (07) Sacramento
- (60) Elk Grove

Region II Chapters

- (96) Bakersfield (BECA)
- (41) Fresno/Madera CABE/CASBE
- (75) Monterey Bay
- (31) Salinas (SABE)
- (66) Pajaro Valley
- (95) Eastern Sierra

Region III Chapters

- (47) ABC
- (46) Azusa/Canyon City
- (54) Burbank
- (71) Central Orange County
- (16) Compton
- (78) Garvey
- (14) L.A./U.S.C.
- (83) Lennox/Loyola Marymount University (LLABE)
- (62) Long Beach
- (04) Montebello
- (73) North Orange County
- (39) AVANCE
- (24) Pomona
- (56) Puente Hills
- (61) San Fernando Valley
- (21) South East Los Angeles (SELA)
- (94) Pico Rivera
- (98) Baldwin Park
- (03) Pepperdine University

Region IV Chapters

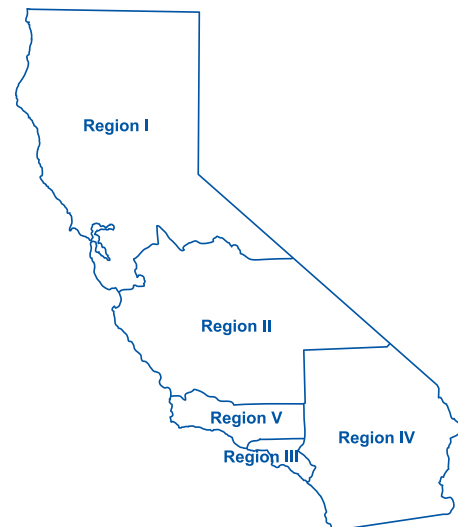
- (43) Chino Valley
- (36) Coachella Valley
- (52) Fontana (FABE)
- (85) Greater San Diego
- (59) Pass Area (PAABE)
- (06) Riverside
- (10) San Diego Metro
- (65) San Diego South County
- (05) Moreno Valley

Region V Chapters

- (58) Antelope Valley High Desert
- (90) Central Coast
- (48) Ventura County

Statewide Affiliates

- (19) California Association for Secondary Bilingual Education (CASBE)
- (84) Two-Way Bilingual Immersion (CABE Two-Way)
- (89) California Association of Parents for Bilingual Education (CAPBE)
- (100) California Association of Bilingual Teacher Educators (CABTE)



To better serve our members and their local needs, CABE has divided the State of California into five regions. Each region is represented on the Board of Directors by a Region Representative. If you don't know who your current Region Representative is, contact CABE at membership@bilingualeducation.org.