



REGISTRATION AND APPLICATION FORM ***PLEASE PRINT!***

DATE ___/___/___ [] NEW MEMBER [] RENEWAL

NAME:

WORK ADDRESS:

MAILING ADDRESS:[IF DIFFERENT FROM WORK]

PHONE:

WORK _____ FAX _____ EMAIL _____

COUNTY OR AGENCY _____

CHECK YOUR STATUS: [] ACTIVE [] ASSOCIATE

* ACTIVE MEMBER IS ANY LICENSED PROFESSIONAL EMPLOYED BY THE COUNTY OR AGENCY

* ASSOCIATE MEMBERS ARE UNLICENSED OR WITH LICENSES, BUT NOT EMPLOYED BY COUNTY

CHECK YOUR REGION: [] NORTH [] SAC VALLEY [] SAN JOAQUIN [] COAST [] SOUTH

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[] WORKSHOP REGISTRATION

DATE: ___/___/___

[] WORKSHOP LUNCH

LOCATION: _____

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[] CONFERENCE REGISTRATION (***NOT A ROOM REGISTRATION***)

DATE: **JANUARY 16 & 17, 2010**

LOCATION: **STOCKTON CA**

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ENCLOSED PAYMENTS:

- [] \$25.00 DUES FOR CALENDER YEAR _____
- [] \$25.00 WORKSHOP FEE FOR NON-MEMBERS
- [] \$85.00 CONFERENCE REGISTRATION FEE FOR MEMBERS
- [] \$110.00 CONFERENCE FEE FOR NON-MEMBERS.
- [] \$15.00 LATE FEE FOR CONFERENCE AFTER 1/4/2010
- [] \$5.00 WORKSHOP LUNCH FEE
- [] _____ OTHER FEE FOR _____

_____ TOTAL TOTAL PAYMENT ENCLOSED _____

[] CK# _____ [] CASH

DATE PAID ___/___/___

MAKE CHECKS PAYABLE TO:
CASAP

MAIL PAYMENT WITH FORM TO:
CONTRA COSTA AG
DEPARTMENT
ATTN: BETH SLATE
2366 A STANWELL CIRCLE
CONCORD, CA 94520-4804