



# California Association of Equal Rights Professionals

## Membership Application/Renewal

Membership is open to persons who work or have an interest in the areas of equal employment opportunity, affirmative action, equal access to opportunities or related activities. Membership is also open to organizations whose primary purpose is to promote and/or enforce civil rights and the provisions of equal rights and equal access to opportunity.

Please type or print the following information

Mr.     Mrs.     Ms     Dr.     Rev.

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Company/Agency/Organization \_\_\_\_\_ Title \_\_\_\_\_

Company/Contact Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_ E-Mail \_\_\_\_\_

• Type of Business or Industry (*Please mark all appropriate items*)

- Consulting
- Education/Academia
- Hospital/Health Care
- Legal Services/Law Firm
- Non Profit
- Private Sector
- Printing/Publishing
- Transportation/Utilities

- Government:
- Federal
  - State
  - County
  - City/Local

### Membership Types & Privileges

• Individual Membership – Annual Dues: \$85.00

Is open to persons who have responsibility, or work in the areas of equal employment opportunity, affirmative action, equal access to opportunities or related activities. Individual Membership entitles a person to one (1) vote on association matters, all benefits privileges for all association activities, and the ability to hold elected or appointed office in the Association.

• Organization Membership – Annual Dues: \$175.00

Entitles the organization/company/agency to one (1) vote on association matters and benefit privileges for up to three (3) individuals at all association activities.

### Annual Dues

Dues are payable to the Association at the rates indicated above . **Membership renewal is effective each fiscal year beginning July 1 through June 30 of the following year.**

Amount Enclosed: \$ \_\_\_\_\_

**I understand that membership does not become effective until dues are paid in full.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: **CAERP**

FOR OFFICE USE ONLY: District \_\_\_\_\_ Membership Number \_\_\_\_\_

**Please complete this membership application  
& return it along with dues payment to:  
CAERP, P.O. Box 441, Sacramento, CA 95812-0441  
Questions? Call 510-601-7651**