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.

Date _____

Name _____ _____ _____
first middle initial last

Monthly Membership Type (CHECK ONE):

- ☐ Active $10/month
- ☐ Active Retired $5/month
- ☐ Supporting $60/year
- ☐ Professional Development (student) $36/year
- ☐ Organization $120/year
- ☐ Benefactor $1,000 lifetime

Mailing Address (home or work) _____

Home e-Mail Address _____

Social Security Number _____ _____ _____ (Required for Active & Active Retired)

Telephone (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