



## 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