

SCSSA/CCSS MEMBERSHIP FORM

Membership Dues

SCSSA & CCSS\$50.00
Retired Members\$25.00
Student Rate*\$25.00

** Copy of student ID card required. Must be a full time student (12 units or more)*

Name: _____
Address: _____
City, State: _____
Zip Code: _____
Home Phone: _____
Email: _____
School: _____
District: _____
LAUSD District: _____
Grade Level (s) or Subject (s) Taught: _____

Membership Type (check one):

- SCSSA & CCSS (\$50)
- Retired Members (\$25)
- Student Rate* (\$25)

Please write checks to SCSSA and send printed form to:

Julie Weaver, CCSS Membership
P.O. Box 9319
Chico, CA 95927-9319

Or Check here _____ for LAUSD Payroll Deduction form (do not send check if applying for Payroll Deduction).

For more information contact Julie Weaver: jw@ccss.org, (530) 809-0290