

# C.E.E.F. Membership Form



Organization \_\_\_\_\_

Organization Head \_\_\_\_\_ Title \_\_\_\_\_  
(First Name) (Last Name)

Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
(First Name) (Last Name)

Address \_\_\_\_\_ City \_\_\_\_\_

County / Province \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Primary Email \_\_\_\_\_ Website \_\_\_\_\_

Type of Organization:

- Kindergarten  Elementary School  Middle School  High School
- College Preparatory  Educational Institution  Corporation  Nonprofit Organization
- Other: \_\_\_\_\_

What geographic area is served? \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
(City) (County) (State)

Federal Employer Identification Number (EIN) \_\_\_\_\_ Year Founded \_\_\_\_\_

# Board Members \_\_\_\_\_ # Employees \_\_\_\_\_ # Students K-12 \_\_\_\_\_ # Volunteers \_\_\_\_\_

\_\_\_\_ Organization Mission \_\_\_\_\_

*(If you require additional space, please attach a separate sheet)*

School Accreditation Information \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
*(If you require additional space, please attach a separate sheet)*

<b>DUES SCHEDULE</b> <i>Please choose one of the following options</i>	
Membership Type	Fee
<input type="checkbox"/> One-Year Membership	TBD
<input type="checkbox"/> Two-Years Membership	TBD
<input type="checkbox"/> Three-Years Membership	TBD
<input type="checkbox"/> One-time Initiation Fee <small>(*New members only)</small>	TBD <small>/ Per individual</small>
<b>TOTAL PAYMENT \$</b> _____	

**Return completed form and fee to:**  
 Mailing Address: P.O. Box 1406 Duarte, CA 91009 U.S.A.  
 Email: [info@ceefworld.org](mailto:info@ceefworld.org) | Website: [www.ceefworld.org](http://www.ceefworld.org)

PAYMENT OPTIONS	
<b>Make payment payable to:</b> California Education Exchange Federation <small>(Note: All fees must be paid in U.S. dollars.)</small>	
<input type="checkbox"/> Check # _____ <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> MC <input type="checkbox"/> Visa	
CC # _____	
Exp. Date (mm/yy) _____ / _____ CCV _____	
Billing Add _____	
City, State, Zip _____	
Signature of Applicant _____	
Application Date _____	