

**California Association for Physical and Health Impairments  
Membership Application**

Name Last, First \_\_\_\_\_

Home Address: Street/ City/State/ Zip \_\_\_\_\_

Place of Work/Job Title \_\_\_\_\_

Work Address: Street/ City/State/ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\*Email Address \_\_\_\_\_

Please check: Initial Membership \_\_\_\_\_ Renewal \_\_\_\_\_

Major interests and/or focus: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

**CAPHI MEMBERSHIP DUES:**

**Regular Member: \$25**

Teacher \_\_\_ Administrator \_\_\_ Supervisor \_\_\_ Other \_\_\_ \$ \_\_\_\_\_

**Associate Member: \$15**

Paraeducator \_\_\_ Student\*\* \_\_\_ Consumer \_\_\_ &/or Parent \_\_\_ \$ \_\_\_\_\_

Faculty signature required for student memberships\*\*

Donation to Richard Outland Memorial Scholarship Fund: \$ \_\_\_\_\_

**Your scholarship donation provides you with an opportunity to win  
\$100 reimbursement toward the 2012 CAPHI conference.**

**Please make check payable to: CAPHI \$ \_\_\_\_\_**

**Mail this signed application and your check to:**

CAPHI

C/O Susan McCrary

28042 Florence Lane

Canyon Country, CA 91351

**Your name, email address and other pertinent information may be posted on our  
Website in a "PHI Connections" area for intra-group communication purposes.**

**Please visit our website at [www.caphi.org](http://www.caphi.org)**