



CAE4-HA Membership Form

Name: _____

E-mail: _____

Address: _____

Phone: _____

FAX: _____

Number of Years as Member 0-5 6-10 11-15 16-20 21-25 26-30 30+
(Circle one)

Age Range: 20-29 30-39 40-49 50-59 60+
(Optional)

Number of National Conferences attended:
0-5 6-10 11-15 16-20 21-25 26-30 30+

Level of Degree: _____
(Optional)

Ethnicity: _____
(Optional)

State Association Officer: _____

Current Year: _____

NAE4-HA Committee: _____

Current Year: _____

CAE4-HA Committee: _____

Current Year: _____

* Optional information is statistical data that NAE4-HA would like to collect.

With your membership form, please send a check payable to CAE4-HA for \$80.00.
(This includes your state and national association dues.)

Return to: CAE4-HA
6650 West 120th Ave. Suite A3
Broomfield, CO 80020

Thanks for your time,

Holli Campbell, CAE4-HA Treasurer