

**CALPA MEMBERSHIP
APPLICATION
California American Legion Press Association**

Please circle one or more of the following:

New Member Renewal Associate Officer Editor

Date of Application: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

Address (line 2) _____

City: _____ State/Province: _____ Zip/Postal code: _____

Country: _____ * (Required)

Home Phone: _____ Work Phone: _____ Fax: _____

Post/Unit/Squadron Name & Number: _____ District: _____ Area: _____

Legion, Auxiliary, or Sons of TAL Member Data Number from your card: _____

E-mail Address: _____ No E-mail: _____

Publication, Position or Office: _____

Please mail this application along with payment.

Please send check to: "CALPA" for:

\$15.00 CALPA and NALPA

\$ 5.00 CALPA only

Please include your NAME and E-MAIL ADDRESS along with your check for our reference.

Mail to: CALPA Secretary Sonja Thomas
27651 Temple Street, Highland, CA 92346