

**COUNCIL OF AFRICAN AMERICAN PARENTS (CAAP)**  
*Opening the Door to Your Child's Success*

**MEMBERSHIP ENROLLMENT/RENEWAL/ROSTER UPDATE**

*Annual Membership \$100*     *New*         *Renewal*  
 *Life Time Membership \$1,000*

**Date:** \_\_\_\_\_  **Check/Ck#/Amount** \_\_\_\_\_/\_\_\_\_\_  **Cash/Amount** \_\_\_\_\_

**(For office use only):** \_\_\_ **Member Packet** \_\_\_ **Orientation (Date)** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_, CA Zip Code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_, CA Zip Code: \_\_\_\_\_

|  |  |
|--|--|
| <i><u>Expertise</u> (list areas in which you have experience or knowledge)</i> |  |
| <i><u>Interests</u> (sports, hobbies, volunteer work, etc.)</i>                |  |

| Child's Name | Grade | School |
|--------------|-------|--------|
|              |       |        |
|              |       |        |
|              |       |        |
|              |       |        |

Referred by: \_\_\_\_\_

*I will volunteer for the following committee/s: (See full list and descriptions on reverse side)*

- Education     Membership     Community Relations     Publicity     Ways & Means  
 Cultural Faire

*Established in 1992*

*Mission: To enhance the educational opportunities of students through academics, social activities and cultural awareness.*