

California Association of Private Special Education Schools **CAPSES Membership Application**

In order to effectively coordinate CAPSES Member Benefit Services, please complete the following information.
If you are a multiple site NPS, complete a separate form for each certified site. Please complete all information fields.

GENERAL INFORMATION:

Organization Name: _____

Mailing Address: _____

Site Address (if different from *Mailing Address*): _____

Director: _____ Director Phone: _____

Contact Person: _____ Contact Phone: _____

Contact's E-Mail Address: _____

Business Manager: _____ Business Phone: _____

Fax Number: _____ Website: _____

PROGRAM DESCRIPTION: *(Please Check All that Apply)*

NPS NPA NPS/LCI LCI only Other Profit Nonprofit

Capacity: _____ Ages: _____ Gender(s): _____

HANDICAPPING CONDITION(S) SERVED: *(Please check All that apply)*

<input type="checkbox"/> SED <i>Severe Emotional Disturbance</i>	<input type="checkbox"/> SLD <i>Specific Learning Disability</i>	<input type="checkbox"/> SI <i>Speech Impaired</i>	<input type="checkbox"/> HI <i>Hearing Impaired</i>	<input type="checkbox"/> MR <i>Mental Retardation</i>	<input type="checkbox"/> AUT <i>Autistic</i>	<input type="checkbox"/> MH <i>Multi-Handicapped</i>
<input type="checkbox"/> DB <i>Deaf/Blind</i>	<input type="checkbox"/> DEAF <i>Deaf</i>	<input type="checkbox"/> VH <i>Visually Impaired</i>	<input type="checkbox"/> OHI <i>Other Health Impaired</i>	<input type="checkbox"/> TBI <i>Traumatic Brain Injured</i>	<input type="checkbox"/> OI <i>Orthopedically Impaired</i>	

CALCULATION OF ANNUAL DUES:

1. General: NPS Annual Dues (\$40.10 per student up to 125, additional students past 125 = \$6 per student)

A. # of clients/students x \$40.10 up to 125; 125 plus = \$6 x clients/students = _____

B. Subtotal from A plus \$200 site fee= _____

C. First Time Member Discount (25% Off Total Membership Dues) _____

CAPSES Annual Dues Total (A+B+C) = _____

TOTAL DUES ENCLOSED = _____

ADDITIONAL INFORMATION:

Please send your completed application along with: [1] Signed Code of Ethics (located on the reverse side), [2] A copy of the current year's Private School Affidavit (R-4), [3] A copy of applicable certifications and/or licenses, [4] A descriptive brochure(s) about your program and or services, and [5] Payment of membership dues for the current year (payment by check, MasterCard or Visa **ONLY**).

Signature: _____ **Date:** _____

Send To:
CAPSES Executive Office
1722 J Street, Suite 3
Sacramento, CA 95814
(916) 447-7061 phone / (916) 447-1320 fax

