



# 2010 California Educational Research Association Membership Application

**Information:** <http://www.cera-web.org>

(This form is interactive and can be filled in and printed.)

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Date

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Name      Dr.      Mr.      Ms.      Mrs.      Job Title

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Graduate Student      Yes      No

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Institutional Affiliation

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Street Address      Home      Office

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City      State      Zip Code

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Work Phone      Home Phone      Cell Phone      Fax

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Yes, I want to receive e-mail notices from CERA.      Please do not include me in group e-mail notices.

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## **Payment**

Please send a check made payable to CERA, along with this registration form, to:

Darrell Brown  
California Educational Research Association  
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