

## **CESA Membership Form**

## 2018-2019 Academic Year

Please complete the following form and, if applicable, submit payment to Social Media/ Rewards Cahir, Shelby Schwartz, or to CESA Advisor, Reid Kuioka (in Everly Hall Room 128).

Name	j:		
UH E	mail Address:	(First and Last name)	
Phone number:		Okay to text? Yes or No	
Pleas	e check the applic	able box:	
	I am a teacher candidate for the 2018-2019 academic year. I do not have to pay the \$5.00 membership due.		
		llege of Education for the 2018-2019 academic nembership due when I submit this form.	
	I am a sophomore in the College of Education for the 2018-2019 academic year. I will pay the \$5.00 membership due when I submit this form.		
	Other:		
	applicable, you must pay the et CESA event.	e \$5.00 membership due prior to attending	
	Please check this box if yo leadership position for CE	ou are interested in a learning more about a SA.	
	 (signature)	(date)	