

**CALIFORNIA OUTDOOR SCHOOL ADMINISTRATORS  
(COSA)  
Membership Application**

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**Fiscal Year**

Date: \_\_\_\_\_

LEA LEA Affiliation: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Payable to: LEA Affiliation: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Check one:  One site \$150 per year  
 Multiple sites \$200 per year

Sites: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Current membership is required to maintain certification