



Council of Black Administrators (COBA)
Andre J. Spicer, President

COBA Membership Information

COBA General Information

Mailing Address: Council of Black Administrators
P. O. Box 561584
Los Angeles, CA 90056

Telephone: 323-296-2040

COBA website: www.lausd.net/orgs/coba/

Dues

Regular Member* \$400 per school year (July 1 – June 30)
Associate Member** \$300 per school Year (July 1 – June 30)
Emeriti*** Half of dues paid upon time of retirement (July 1 – June 30)

LAUSD employees have the option of paying dues via payroll deduction, (*Regular Member:* \$40 per pay period for 10 months, or by check payable to the Council of Black Administrators for \$400.00); **or** *Associate Member:* \$30 per pay period for 10 months, or by check payable to the Council of Black Administrators for \$300.00). Checks may be mailed to **COBA P. O. Box 561584, Los Angeles, CA 90056**

Non-LAUSD employees may pay dues by **check payable to: Council of Black Administrators**

Membership includes/supports the following:

- ✓ Monthly meetings held on the 4th Wednesday of each month @ 5:30 pm, except when notified
- ✓ Mentoring
- ✓ Professional Development Sessions
- ✓ Professional Growth & Development Support
- ✓ Educational Retreat
- ✓ Annual Black Child Conference/Scholarship Luncheon
- ✓ Annual End-of-the-Year Celebration/June Retirees Recognition/Special Recognitions/Installation of New Executive Board Officers

Note: COBA members are encouraged to join the National Alliance of Black School Educators (NABSE)
Website: www.nabse.org

***Regular Member** = all persons officially designated to serve as administrators, supervisors, directors, managers in certificated or classified positions or all other positions on the master or equivalent salary schedule

****Associate Member** = all persons certificated or classified who adhere to the purpose and objectives of COBA, who are actively pursuing an administrative credential or equivalent classified administrative certification, served as Quasi-Coordinator, Advisor, (i.e. Instructional Coach, Deans, Psychologist), or other positions which are prerequisites to an administrative or equivalent position.

*****Emeriti** = Retired COBA Members

Regular
 Associate

Membership Application and Update Information

(This is an update for all members – New, Continuing and Emeriti)

(Please Print)

Name: Mr. Mrs. Ms. Dr. _____
Last *First* *M.I.*

Address: _____
Street *City* *Zip Code*

Home Phone: _____ Non-Work Cell Phone: _____ Work Phone _____
Area Code *Number* *Area Code* *Number* *Area Code* *Number*

Work Email: _____ Non-Work Email: _____

Work Location: Local District _____ Site: _____

Position: _____ Employee No. _____ Referred by: _____ Date _____

Please check ***one*** item below:

1. **New Member** *Dues will be paid by Payroll Deduction* *Dues will be paid in full by Check-Attached*
2. **Emeriti** *Dues will be paid by check – Attached*
3. **Update Information Only** *Currently a COBA Member on Payroll Deduction*

Please complete and mail to: COBA – P. O. Box 561584 – Los Angeles, CA 90056