



California School Health Centers Association

Membership Term runs from Sept 1 – Aug 31

Individual Membership Benefits	Basic Membership	Champion for Healthy Kids	Advocate for Student Success	Partner for Opportunity
	\$100	\$250	\$500	\$1,000
• Being part of the movement to put health care where kids are!	✓	✓	✓	✓
• Access to Member Resources section of website and all CSHC products, resources and tools	✓	✓	✓	✓
• Discounted CSHC conference registration (for self)	✓	✓	✓	✓
• Discounts on other conferences	✓	✓	✓	✓
• Recognition for generosity in year-end-report		✓	✓	✓
• Listing on CSHC website			✓	✓
Organization Membership Benefits	Basic Membership	Champion for Healthy Kids	Advocate for Student Success	Partner for Opportunity
	\$250	\$500	\$1,000	\$2,000
• Being part of the movement to put health care where kids are!	✓	✓	✓	✓
• Access to Member Resources section of website and all CSHC products, resources and tools	✓	✓	✓	✓
• Discounted CSHC conference registration (for 10 staff)	✓	✓	✓	✓
• List jobs and events in CSHC Enews and on website	✓	✓	✓	✓
• Priority access to CSHC re-granting opportunities, technical assistance and consultation	✓	✓	✓	✓
• Up to 3 hours of free technical assistance	✓	✓	✓	✓
• 20% off technical assistance contract services	✓	✓	✓	✓
• Listing and hyperlink on CSHC's website			✓	✓
• Recognition as CSHC Partner with opportunity to post logo and announcements/offers on Partner webpage.				✓

Please return form and check payable to CSHC: 1203 Preservation Park Way, Suite 302, Oakland, CA 94612

Select 2012/13 Membership Level

Amount Due \$ _____

Individual	Organization	___Champion \$500+
___Member \$100	___Member Early Bird \$200 (before 9/1/12)	___Advocate \$1000+
___Champion \$250+	___Member \$250 (9/1/12 or later)	___Partner \$2000+
___Advocate \$500+		
___Partner \$1000+		

Show your support of the school health movement by joining at the Champion, Advocate or Partner levels.

Name (as it should appear in membership list) _____

Contact person (first & last name) _____

Title _____

Organization _____

Address _____

City / State / Zip _____

Email _____ Phone _____

Join online at www.schoolhealthcenters.org. Thank you for your support!
 For more information contact us at: 510-268-1260 or info@schoolhealthcenters.org
 CSHC is a 501(c)(3) nonprofit organization. Tax ID #94-3201896.