



## 2017-2018 Membership Application

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Licensure: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

College Name: \_\_\_\_\_

College District: \_\_\_\_\_ Region: \_\_\_\_\_

Wk Address: \_\_\_\_\_

Wk. Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ M: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_

**NEW Membership**     **RENEWAL**

MEMBERSHIP CATEGORY	PAYMENT AMOUNT– CHECK ONE
<p><input type="checkbox"/> <b>Regular Membership (Voting)</b></p> <p>One Regular Membership per <b>Institution</b>: Each institution is eligible to cast one vote. Open to Health Care professionals who are responsible for student health services in a California Community College and meet credential requirements compliant with Title V 53411 (unless a standing HSACCC member prior to 2006)</p>	<p><input type="checkbox"/> \$150 before Oct 1, 2017</p> <p><input type="checkbox"/> \$155 <b>Pay Pal</b> before Oct 1, 2017</p> <p><input type="checkbox"/> \$175 after Oct 1, 2017 renewals only</p> <p><input type="checkbox"/> \$181 <b>PayPal</b> after Oct 1, 2017 renewals only</p>
<p><input type="checkbox"/> <b>Associate Membership (Non-Voting)</b></p> <p>Open to health services professionals and other interested persons (substitutes, psychological counselors, consultants, student services administrators, part-time employees) per HSACCC Bylaws Article IIIB.</p>	<p><input type="checkbox"/> \$50 before Oct 1, 2017</p> <p><input type="checkbox"/> \$52 <b>PayPal</b> before Oct 1, 2017</p> <p><input type="checkbox"/> \$75 after Oct 1, 2017 renewals only</p> <p><input type="checkbox"/> \$78 <b>PayPal</b> after Oct 1, 2017 renewals only</p>
<p><input type="checkbox"/> <b>Community Partner Membership (Non-Voting)</b></p> <p>Open to community partners who actively collaborate with HSACCC in furthering the purpose/goals of the organization. No institutional membership is required. Community Partner membership requires appointment and approval of the Executive Board.</p>	<p><input type="checkbox"/> \$50 before Oct 1, 2017</p> <p><input type="checkbox"/> \$52 <b>PayPal</b> before Oct 1, 2017</p> <p><input type="checkbox"/> \$75 after Oct 1, 2017 renewals only</p> <p><input type="checkbox"/> \$78 <b>PayPal</b> after Oct 1, 2017 renewals only</p>
<p><input type="checkbox"/> <b>Emeritus (Non-Voting)</b> Granted by HSACCC upon individual's retirement</p> <p><input type="checkbox"/> <b>Honorary (Non-Voting)</b> For distinguished contribution to the aims of the organization. Appointed by Executive Committee and approved by membership.</p>	<p>No dues</p> <p>No dues</p>

**Are you retiring this year?** Yes  No

\*\*Information held confidential\*\*

**Please check if you would like more information about:**

- Mentorship Program
- Participating in your local region activity planning
- Participating on HSACCC committees
  - Conference Planning Committee
  - Legislative Committee
  - Research Committee
- Participating in a Leadership Role (Executive Board)
- Other (list): \_\_\_\_\_

**Payment Due: July 1, 2017** Payment is delinquent after October 1, 2017. Sorry, we cannot accept purchase orders.

**Mail completed form and payment (made out to HSACCC) to:**  
 Elizabeth Goold, RN, HSACCC Corresponding Secretary  
 College of the Desert  
 43-500 Monterey Ave  
 Palm Desert, CA 92260

**Email:** [egould@collegeofthedesert.edu](mailto:egould@collegeofthedesert.edu)

Please attach a check or a copy of your PayPal receipt when submitting this application.