



# Health Services Association ~ California Community Colleges 2011-12 Membership Application

**Payment due: July 1, 2011 ~ Dues are Delinquent: November 1, 2011**  
(Fee of \$25.00 is added if dues received after 11/01/2011)

**JOIN / RENEW TODAY:** Please check the membership category desired and provide the information requested.  
**Mail the completed form with check payable to "HSACCC"** (no purchase orders) to:

Debbie Goodman, HSACCC Treasurer  
Shasta College Student Health Services  
P.O. Box 496006  
Redding, CA 96049-6006  
E-mail questions to: [dgoodman@shastacollege.edu](mailto:dgoodman@shastacollege.edu)

**Regular Membership (Voting)** **Dues:**  
\_\_\_\_\_ Each institution is eligible to cast one vote. *A minimum of one*  
*Regular Membership per institution is required.* \$150.00  
**PayPal Cost \$155.00**

**Associate Membership (Non-Voting)**  
\_\_\_\_\_ Open to health services professionals and other interested persons  
(i.e. Substitutes, Consultants, Student Services Administrators, Part-Time  
employees). \$50.00  
**PayPal Cost \$52.00**

**Emeritus (Non-Voting)**  
\_\_\_\_\_ Granted by the organization upon individual's retirement. No dues

**Honorary (Non-Voting)**  
\_\_\_\_\_ For distinguished contribution to the aims of the organization  
Appointed by Executive Committee and approved by membership. No dues

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

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

**College Address:** \_\_\_\_\_  
\_\_\_\_\_

**College Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**College Health Services Web Page:** www. \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

\* Please specify by asterisk (\*) if any of the above should not be included in HSACCC directory. Thank you.

## INVOICE - MEMBERSHIP DUES

Health Services Association, California Community Colleges (HSACCC) Debbie Goodman, HSACCC Treasurer Shasta College Student Health Services P.O. Box 496006 Redding, CA 96049-6006  Phone: (530) 242-7580 or (530) 242-7582 FAX: (530) 225-4968	Member Name: College: Address:  FAX #: Phone #: E-Mail Address:	
DATE	DESCRIPTION	AMOUNT
July 1, 2011	Regular (Voting) Membership Dues 7-1-2011 to 6-30-2012 <b>\$ 150.00</b>  Associate Membership (Non-Voting) Membership Dues 7-1-2011 to 6-30-2012 <b>\$ 50.00</b>  Please complete the requested information and type of membership requested. Please complete a separate invoice statement for each applicant so that the requested information for the directory may be obtained.	
	<b>TOTAL MEMBERSHIP PAYMENT DUE</b>	
	<b>ADD \$25/MEMEBRSHIP FOR LATE DUES IF PAID AFTER NOV 1, 2011</b>	
	<b>TOTAL DUE</b>	

<b>RECEIPT</b>		<b>Check. #</b>
Health Services Association, California Community Colleges (HSACCC) Debbie Goodman, HSACCC Treasurer Shasta College Student Health Services P.O. Box 496006 Redding, CA 96049-6006  Phone: (530) 242-7580 or (530) 242-7582 FAX: (530) 225-4968		Member Name: College: Address:  FAX #: Phone #: E-Mail Address:
	<b>DESCRIPTION</b>	<b>AMOUNT</b>
Date:	1 Regular (voting) membership 7/1/11 – 6/30/12	\$150.00
<b>THANK YOU FOR YOUR SUPPORT!</b>		