



2016-2017 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>___ Regular Membership (Voting)</p> <p>One Regular Membership per Institution: 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>___ \$150 before Oct 1, 2016</p> <p>___ \$155 Pay Pal before Oct 1, 2016</p> <p>___ \$175 after Oct 1, 2016 renewals only</p> <p>___ \$181 PayPal after Oct 1, 2016 renewals only</p>
<p>___ Associate Membership (Non-Voting)</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>___ \$50 before Oct 1, 2016</p> <p>___ \$52 PayPal before Oct 1, 2016</p> <p>___ \$75 after Oct 1, 2016 renewals only</p> <p>___ \$78 PayPal after Oct 1, 2016 renewals only</p>
<p>___ Community Partner Membership (Non-Voting)</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>___ \$50 before Oct 1, 2016</p> <p>___ \$52 PayPal before Oct 1, 2016</p> <p>___ \$75 after Oct 1, 2016 renewals only</p> <p>___ \$78 PayPal after Oct 1, 2016 renewals only</p>
<p>___ Emeritus (Non-Voting) Granted by HSACCC upon individual's retirement</p> <p>___ Honorary (Non-Voting) 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, 2016 Payment is delinquent after October 1, 2016. Sorry, we cannot accept purchase orders.

Mail completed form and payment (made out to HSACCC) to:
 Alex Bell, RN, HSACCC Corresponding Secretary
 Allan Hancock College
 800 S. College Dr.
 Santa Maria, Ca 93455

Email: abell@hancockcollege.edu

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