California School-Based Health Alliance Membership Form

Membership Term Runs From September 1, 2014 – August 31, 2015

Join as an INDIVIDUAL and Get These Benefits	Basic Membership	Champion for Healthy Kids	Advocate for Student Success	Partner for Opportunity
	\$100	\$250	\$500	\$1,000
Regular updates and offers on opportunities to improve the success and well-being of California's kids	✓	✓	✓	✓
Access to our popular webinars on timely school health topics	✓	✓	✓	✓
Access to Member Resources and all training products, resources, and tools on www.schoolhealthcenters.org	✓	✓	✓	✓
Discounted conference registration	✓	✓	✓	✓
Prominent recognition in annual statewide conference program		✓	✓	✓
Listing as a supporter on www.schoolhealthcenters.org			✓	✓

Join as an ORGANIZATION and Maximize Your Impact	Basic Membership	Champion for Healthy Kids	Advocate for Student Success	Partner for Opportunity
	\$250	\$500	\$1,000	\$2,000
Regular updates and offers on opportunities to improve the success and well-being of California's kids	✓	✓	✓	✓
Free access to our popular webinars on timely school health topics	✓	✓	✓	✓
 Access to Member Resources and all training products, resources, and tools on www.schoolhealthcenters.org 	✓	✓	✓	✓
Discount on our conference in San Diego for up to 10 staff	✓	✓	✓	✓
List jobs and events on www.schoolhealthcenters.org, in our newsletter that goes to more than 3,000 supporters, and on our social media channels	✓	✓	√	✓
Priority access to re-granting opportunities	✓	✓	✓	✓
 Up to 4 hours of technical assistance for school health center(s) Up to 4 hours of mental health technical assistance for school districts 	✓	✓	✓	✓
 A 20% discount on technical assistance contract services, including presentations and workshops 	✓	✓	✓	✓
Listing as a supporter on www.schoolhealthcenters.org			✓	✓
Recognition as Partner for Opportunity on our Offers from Our Partners page and in special eblasts to our stakeholders				✓

Please return form and check payable to CSHA: 1203 Preservation Park Way, Suite 302, Oakland, CA 94612 Join or renew online at www.schoolhealthcenters.org/about-cshc/join-and-support-cshca/membership

Check one: Organization Membership Individual Membership Select desired level: □ Basic □ Champion □ Advocate □ Partner					
☐ Organizations - Add \$400 to also join our national partner - The School-Based Health Alliance for a combined savings of \$100.					
	Total Amount Due \$				
Show your support for the school hea	th 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					