

No Organization Offers More Tools to Help Keep Kids in Class – Healthy & Ready to Learn

CONNECT with a broad network of educators, health care providers, & funders

- **Annual Statewide Conference:** Network with hundreds of health care providers, school leaders, and child health advocates.
- **Priority Funding Opportunities:** Stay ahead of the curve on grants and funding opportunities. Get priority consideration for grants coordinated by the California School-Based Health Alliance.

GROW with the latest tools, strategies, & best practices

- **1-on-1 Technical Advice:** Get up to four hours per year of personal guidance on expanding your school health services or school-based health center. Our experts are just a phone call away.
- **Webinars & Online Toolkits:** Expand your knowledge on specific school health topics throughout the year. Our webinars are always free to members. Log in to our exclusive members' only online library of resources to maximize your school health program.

INFLUENCE local, state, & national initiatives to improve school-based health

- **Policy:** Be a part of our initiatives to improve children's lives in California and the nation.
- **Advocacy:** Give yourself and your students a voice for improved health through regular online and in-person actions.

Contact Christina Barr at (510) 350-3291 or cbarr@schoolhealthcenters.org for more information

*The California School-Based Health Alliance is a 501(c)(3) nonprofit organization.
Tax ID #94-3201896. Thank you for your support!*



California School-Based Health Alliance Membership Form

Membership Year: September 1, 2015 – August 31, 2016

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	✓	✓	✓	✓
• 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	✓	✓	✓	✓
• One 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 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 on mental health or school health services for school health center(s) and 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 desired type: Organization Membership Individual Membership

Select desired level: Basic Champion Advocate Partner

Total Amount Due \$ _____

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

Name _____ Title _____

Organization _____ Email _____ Telephone _____

Member name as it should appear in CSHA materials _____

Address _____ (Street or PO Box) _____ (City) _____ (State) _____ (Zip)