



P.O. Box 7178
 Aurora, IL 60507
www.companerosensalud.org

2012 MEMBERSHIP FORM - ORGANIZATION INFORMATION

Name:					
Address:					
City:		State:	IL	Zip Code:	
Phone:		Fax:		Other:	
Website:					

MAIN REPRESENTATIVE INFORMATION

Name:		Title:	
Phone:		Ext.:	
Email:		Fax:	

ADDITIONAL REPRESENTATIVES

Name	Title	Phone – Ext.	E-Mail

MEMBERSHIP DUES

The membership is based on a calendar year (January 1 to December 31).
 Note: Membership applications received in the last quarter of the year include membership for the following calendar year.

<input type="checkbox"/> General Membership: \$50	<input type="checkbox"/> Individual: \$35
Consist of individuals representing social, health care agencies and/or anyone interested in addressing the needs of the Community. The members attend meetings regularly or designate an alternate to attend in their absence. Membership includes: <ul style="list-style-type: none"> • Voting privileges • No limit on the number of representatives • Complementary booth at the Latina Health Festival (Non-for Profit) • Eligibility for Mission Awards 	<ul style="list-style-type: none"> • Single membership • Voting privileges • Complementary booth at the Latina Health Festival (Non-for-Profit) • Eligibility for Mission Awards

METHOD OF PAYMENT

<input type="checkbox"/> Check payable to: Compañeros en Salud/Partners in Health, NFP	Check #	
	Total Paid:	
<input type="checkbox"/> Yes, you have my authorization to link us to the Compañeros en Salud website.		
<input type="checkbox"/> Yes, you may only use my company's logo to promote my organization.		
Signature of Executive Director / Authorized Person		Date: