



Membership Application

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

ORGANIZATION

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

MAIN REPRESENTATIVE

Name:				Title:	
Phone:		Ext.:		Cell:	
Email:					

ADDITIONAL REPRESENTATIVES

Name	Title	Phone – Ext.	E-Mail

MEMBERSHIP DUES

(January 1 to December 31).

Membership applications received in the last quarter of the year include membership for the following calendar year.

General Membership: **\$50** (Unlimited number of representatives from a single agency)

Individual: **\$35**

General membership consists of representatives from social, health care agencies, government, education or individuals interested in advocating on behalf of diverse groups. The members attend meetings regularly or designate an alternate to attend in their absence.

Benefits include:

- Networking and participation in projects that benefit diverse communities
- Participation in discussions and/or events/projects that bring into focus the issues that affect the health and well-being of the community.
- Participation in the annual health event (free booth for nonprofits)

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- Networking and participation in projects that benefit diverse communities
- Participation in discussions and/or events/projects that bring into focus the issues that affect the health and well-being of the community.

METHOD OF PAYMENT

<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order	<input type="checkbox"/> Check (Payable to Compañeros en Salud)	Check #	
Other:		Total Paid:		

Yes, you have my authorization to link my organization to Compañeros en Salud website.

Yes, you may only use my company's logo to promote my organization.

Signature of Authorized Person		Date:	
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