



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**

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:

- Voting privileges
- Unlimited number of representatives
- Complimentary booth at the Latina Health Festival (NFP)

Individual: **\$35**

Benefits Include:

- Single membership
- Voting privileges
- Complimentary booth at the LHF (NFP)

METHOD OF PAYMENT

Cash Money Order 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 Executive Director / Authorized Person

Date: