



# Oregon School-Based Health Care Network **Join With Us & Make A Difference**

Add your voice to the hundreds who promote the health, well-being and success of all Oregon's children. You can become a member, make a contribution, or *(and we love this choice)* **DO BOTH!**

**Your Name**

**Name of School, SBHC System, or Organization**

**Home Address**

**Work Address**

**Home/Cell Phone Number**

**Work Phone Number**

**Personal Email**

**Work Email**

## Become a Member

Student interested in health care.....	Free
Parent of a child accessing SBHC....	Free
Individual / Community Advocate...	\$30
Nonprofit Partner.....	\$85
<b>School-Based Health Care System</b>	
1 Center.....	\$130
2 Centers.....	\$260
3-4 Centers.....	\$300
5+ Centers.....	\$500

## Make a Contribution

Red Delicious.....	\$25
McIntosh.....	\$50
Granny Smith.....	\$100
Gala.....	\$250
Golden Delicious.....	\$500
Other.....	\$_____

**TOTAL Membership/Contribution** \$\_\_\_\_\_

## Payment Information

If you would like to pay by credit card or setup a monthly sustaining donation, please visit us online:

**[www.osbhc.org](http://www.osbhc.org)**

Please make checks payable to OSBHCN & mail with this form to:

**Oregon School-Based Health Care Network**  
PO Box 12191  
Portland, OR 97212

For more information on membership categories and Network activities, please visit our website: **[www.osbhc.org/membership](http://www.osbhc.org/membership)**

Federal Tax ID # 36-4588657