



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
School-Based Health Care System	
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

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

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