



Affiliate Supporter Application

621 E. Carnegie Drive, Suite 180
San Bernardino, CA 92408
(909) 566-2555

Attachment I (Two pages)

AFFILIATE SUPPORTER APPLICATION AND FEE SCHEDULE

Thank you for your support of the work of the Community Health Association Inland Southern Region.

Please tell us who you are.

<input type="checkbox"/> Academic Institution	<input type="checkbox"/> For-Profit Corporation	<input type="checkbox"/> Non-Profit Provider
<input type="checkbox"/> Coalition	<input type="checkbox"/> Individual	<input type="checkbox"/> Student
<input type="checkbox"/> Hospital/Hospital Entity	<input type="checkbox"/> Other _____	

Name of Organization (for individual or student affiliate status, please list your name)

Physical Address of Organization (if individual, your mailing address)

Mailing Address of Organization

Name of Chief Executive Officer/Executive Director	Title
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Direct Office Phone Number	Cell Phone Number
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Email Address

Name of Secondary Contact or Delegate

Email Address of Secondary Contact or Delegate

Organization's Website Address

Federal Tax ID (EIN)

Please submit the following items along with the application (if applicable):

1. A copy of the organization’s mission statement and vision statement.
2. Describe the specific geographic catchment areas for the communities the organization serves.
3. Lastly, please share why you are applying to be an *Affiliate Supporter*.

Please submit your complete application to Jodie Wingo, MHA, Interim President & CEO:

- Email at jwingo@chairr.org, and
- Mail an original to the CHAIRS office at:
621 E. Carnegie Drive, Suite 180
San Bernardino, CA 92408

We appreciate your interest in becoming an Affiliate Supporter of CHAIRS.

FEE SCHEDULE

***Please note, fees are paid each year, and cover January 1 through December 31. If a new application is approved after the beginning of a new year, fees will be prorated from the date of approval through the end of December. Fees are not returned if affiliate supporter status is terminated before the end of a paid year.**

Entity Type	Annual Fees
For-Profit Corporation	\$5000
Hospital/Hospital Entity	\$5000
Academic Institution	\$2000
Non-Profit Provider	\$1500
Coalition	\$1000
Individual	\$250
Student (Current and active)	\$100