

2010 CAHF ASSOCIATE DUES PAYMENT OPTION

If you would like to have your annual membership dues charged automatically to your credit card in four installments, please fill out this form completely and fax or mail to:

Mail to: California Association of Health Facilities
Attention: Toni Brown
2201 K Street
Sacramento, CA 95816

Fax to: Toni Brown
CAHF
(916) 492-6635

Yes, I want to pay my dues automatically by credit card in four installments.

(\$250 per installment per quarter – January, April, July, and October. If joining after January, 2010, but before April, the first installment will be charged upon joining and then the following three installments will be charged per usual in April, July and October).

FOR “EARLY BIRD” OPTION – You can pay the 2010 dues from mid-October on in 2009 and be considered paid from that point through 12/31/2010 – 14+ months of membership for the price of 12. The full \$1000 dues for 2010 can be paid all at once or the credit card payment option can be used as follows: Upon joining in late 2009, the first \$250 installment will be charged, then the January 2010 installment is skipped. The remaining three installments will be charged per usual in April, July and October of 2010.*

Yes, I would like to use the “Early Bird” payment option

Yes, I would like to have my voluntary Political Action Fund (PAF) dues paid automatically by credit card in four installments. *(See bottom of this page for details.)*

Business Name: _____ CAHF Account # (if renewing) _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Credit Card Type: Visa Mastercard American Express

Credit Card #: _____

Expiration Date: _____ Name on Card: _____

REQUIRED: Signature of Card Holder*: _____

Credit card billing address if different from business address above:

Amount of voluntary Political Action Fund contributions I want to do this year: \$ _____

CAHF ACCOUNTING USE ONLY

1st Installment 2nd Installment 3rd Installment 4th Installment

Mandatory Amount Charged: \$ _____ Voluntary PAF Amount Charged: \$ _____

***Your signature commits your company to associate dues for the entire year as outlined above.**