

2012 CAHF ASSOCIATE DUES PAYMENT OPTION

Please note: This option is only available when paying the \$1000 full-year dues by quarterly credit card installments. It cannot be used for the \$600 mid-year prorated dues. Thank you.

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, sign where indicated 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
Fax: (916) 492-6635

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

(\$250 per installment per quarter, which will be charged in January, April, July, and October. If joining after January 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).

You can also pay voluntary Political Action Fund (PAF) dues using the credit card installment plan by checking the selection below and filling in the amount of your voluntary contribution.

___ Yes, I would like to contribute voluntary Political Action Fund (PAF) dues in the total amount of \$_____ to be paid automatically by credit card in four installments.

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: _____

SIGNATURE REQUIRED HERE - Signature of Card Holder*: _____

Credit card billing address if different from business address above:

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 (and any PAF dues) for the entire year as outlined above.***