



JOIN THE LATINO COALITION FOR A HEALTHY CALIFORNIA

The Latino Coalition for a Healthy California, a non-profit, public policy and advocacy organization dedicated to improving the health of Latinos, invites you to become a member. As a member, you will become part of a larger movement of students, professionals, medical providers, legislative staff and others who are interested in advancing the health of Latinos.

LCHC Membership

Benefits of dues-paying members of the Latino Coalition include the following:

- Subscription to quarterly electronic LCHC newsletter;
- Discounts on registration fees to all LCHC events, including the biennial conference;
- Invitations to all LCHC events, including legislative and community briefings;
- Monthly electronic updates on legislative and budget issues;
- Inclusion in the Rapid Response Network, LCHC's email listserv regarding pressing legislative issues;
- Advanced release of select LCHC policy briefs;
- Technical assistance with questions regarding legislative and budget issues;
- Opportunity to participate in local health forums, such as the LCHC Regional Networks;
- Inclusion in a Latino professional's online directory (Community Rolodex);
- Building a long-term relationship with companies and organizations that support Latino health; and
- Share information and collaborate in projects with other health professionals.

Affiliate Membership – Rapid Response Network

Affiliate members of LCHC do not pay dues and are included in the Rapid Response Network, LCHC's email list serve that provides up-to-date information regarding pressing health legislation and events. Affiliate members do not receive the other benefits of dues-paying members.

Check the following: I would like to become a dues-paying member of LCHC. I would like to become an affiliate member and be added to the Rapid Response Network (free).

Membership Fees

\$35 Student \$50 Individual \$150 Non-Profit \$500 Corporate

If you would like to become an LCHC member or an affiliate member, please email, fax or call with the following information:

Name: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Name on Credit Card: _____ Credit Card Number: _____

Credit Card Type: _____ Security Code (3-4 digits on back of card): _____ Expiration Date: _____

Please make all checks payable to the Tides Center/LCHC. The Latino Coalition for a Healthy California does not share its list of members with any other organization or entity.

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For more information please email Ayd e P rez at: aperez@lchc.org