

FOLSOM LAKE COLLEGE

100 SCHOLAR WAY • FOLSOM, CA 95630
TELEPHONE (916) 608-6549

CHECK NO. **FL- 00907**

VENDOR NO. **0000003279**

DATE

10/23/14

LOCATION **09**

TO

HSACCC

*Alex Bell R.N. HSACCC Secretary
Allan Hancock College
800 S. College Dr.
Santa Maria CA 93455*

REQUISITIONED BY

LPO F 2545 Hansen/Bell

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
<i>1</i>	<i>EA</i>	<i>HSACCC Annual Membership Renewal for Mary Hansen, College Nurse - Folsom Lake College (2014-2015 Membership)</i>	<i>150-</i>	<i>150-</i>
RECEIVED BY: _____				
DATE: _____				

FOLSOM LAKE COLLEGE

REVOLVING FUND ACCOUNT

100 Scholar Way • Folsom, CA 95630

BANK OF AMERICA

GOVERNMENT BANKING

CHECK

No. **FL- 00907**

DATE: *Oct 23, 2014*

11-35
1210

Folsom Lake College
will pay to the order of:

HSACCC

\$150⁰⁰

One Hundred Fifty and 00/100

DOLLARS

(NOT TO EXCEED \$250.00)

* THIS CHECK VOID 60 DAYS
FROM DATE DRAWN

Stephen Franklin

⑈000907⑈ ⑆121000358⑆ 14993 11042⑈



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS:
HSACCC
c/o Alex Bell, HSACCC Corresponding Secretary
Allan Hancock College
800 S. College Dr., Santa Maria, CA 93455

DELIVERY INSTRUCTIONS: Deliver to Address Below
(Check one) Will Call
Please send check w/ attached App. Renewal form to address at left.

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	HSACCC Membership Renewal					\$150.00
2	(Health Svcs. Assoc. CA Comm. Colleges)					
3	* Due Date 11/1/14					
4						
5						
6						
7						
8						
9						
10						

REVL FL 00907
10/23/14

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:
Program Name _____
For grants/special projects _____
Program Director/Coord. Signature _____ Project/Grant Number _____
Program Goal/Objective Number/Explanation _____

SUB-TOTAL	
SALES TAX	
TOTAL (Not to Exceed \$200.00)	\$150.00

VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws.

Received by _____ Date _____

REQUESTED BY: Mary Hansen 10/20/14
TYPED/PRINT DATE

GENFD 5300 / 11 / FL.VS.H2TH
Bus. Unit Account Fund Org

REQUESTED BY: Mary Hansen 10/22/14
SIGNATURE DATE

64400 / 00000 / 2015 041A \$150.00
Program Sub-Class BY Proj/Grnt Amount

APPROVED: Bye SLP 10/22/14
CLEAN OR OTHER AUTHORIZED SIGNATURE DATE

Bus. Unit Account Fund Org

APPROVED: [Signature] 10/24/14
VICE PRESIDENT, ADMINISTRATION DATE

Program Sub-Class BY Proj/Grnt Amount



2014—2015 Membership Application

Date Submitted: 10-21-14

First Name: Mary Last Name: Hansen Licensure: CA 508400

Position: College Nurse College Name: Folsom Lake College

College District: Los Rios CCD Region: 2

Work Address: 10 College Parkway, Folsom, CA 95630

Wk. Phone: 916 608-6782 Fax: 916 608-6787 Cell Phone: (916) 541-5368

Email: HansenM@flc.losrios.edu

Home Address: 960 Patrick Circle, Folsom, CA 95630

NEW Membership RENEWAL Membership

MEMBERSHIP CATEGORY	PAYMENT AMOUNT— CHECK ONE
<input checked="" type="checkbox"/> Regular Membership (Voting) One regular Membership per institution. Each institution is eligible to cast one vote. Regular Membership: Health Care professionals who are responsible for student health services in a California Community College and meet credential requirements compliant with Title V 53411, unless applicant was a standing member prior to 2006	<input checked="" type="checkbox"/> \$150 before Nov 1, 2014 <input type="checkbox"/> \$155 Pay Pal before Nov 1, 2014* <input type="checkbox"/> \$175 after Nov 1, 2014 (for renewals only) <input type="checkbox"/> \$181 PayPal after Nov. 1, 2014* (for renewals only)
<input type="checkbox"/> Associate Membership (Non-Voting) Open to health services professionals and other interested persons (Substitutes, Psychological counselors, Consultants, Student Services Administrators, Part-time employees.) Per by laws Article IIIB.	<input type="checkbox"/> \$50 before Nov. 1, 2014 <input type="checkbox"/> \$52 PayPal before Nov. 1, 2014* <input type="checkbox"/> \$75 after Nov. 1, 2014 (for renewals only) <input type="checkbox"/> \$78 after Nov1, 2014* (for renewals only)
<input type="checkbox"/> Emeritus (Non-Voting) Granted by HSACCC upon individual's retirement <input type="checkbox"/> Honorary (Non-Voting) For distinguished contribution to the aims of the organization. Appointed by Executive Committee and approved by membership.	No dues

- Attach check or copy of PayPal receipt to this application when submitting.

Payment Due: July 1, 2014— Delinquent after November 1, 2014

We cannot accept purchase orders

Mail completed form and make payment to HSACCC

Alex Bell, RN, HSACCC Corresponding Secretary

Allan Hancock College

800 S. College Dr.

Santa Maria, Ca 93455 Email: abell@hancockcollege.edu

I would like more information about:

Participating in HSACCC committees Assisting in Conference Planning

Executive Board Opportunity

President Treasure

Recording Secretary Corresponding Secretary

Region Representative Area Representative

Mentorship Program HSACCC Research/ Legislation

Advocacy Activities

Other: _____