



LIMITED PURCHASE ORDER

(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: Mary Hansen # 1197183 C/O FLC BSO	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call Mary to pick up when ready
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	HS ACCC Membership Renewal	1				\$150.00
2	Reimbursement / Employee					
3						
4						
5						
6						
7						
8						
9						
10						

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 \$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: <u>MARY HANSEN</u> TYPED/PRINT DATE <u>11/2/16</u>	<u>GENFD / \$300 / 11 / FL.VS.HLTH</u> Bus. Unit Account Fund Org
REQUESTED BY: <u>Mary Hansen</u> SIGNATURE DATE <u>11/2/16</u>	<u>64400 / 00000 / 2017 / 041A</u> \$ 150.00 Program Sub-Class BY Proj/Grnt Amount
APPROVED: <u>[Signature]</u> DEAN OR OTHER AUTHORIZED SIGNATURE DATE <u>11.3.16</u>	Bus. Unit Account Fund Org
APPROVED: <u>[Signature]</u> VICE PRESIDENT, ADMINISTRATION DATE <u>11/9/16</u>	Program Sub-Class BY Proj/Grnt Amount



2016-2017 Membership Application

Date Submitted: 10/3/16

First Name: MARY Last Name: HANSEN Licensure: CA 508400
 Position: COLLEGE NURSE Email: hansem@fk.losrios.edu
 College Name: FOLSOM LAKE COLLEGE
 College District: LOS RIOS Region: 2
 Wk Address: 10 COLLEGE PARKWAY, FLI-52, FOLSOM, CA 95630
 Wk. Phone: (916) 408-6782 Fax: () M: ()
 Home Address: 960 PATRICK CIRCLE, FOLSOM, CA 95630

NEW Membership RENEWAL

MEMBERSHIP CATEGORY

PAYMENT AMOUNT- CHECK ONE

Regular Membership (Voting)

One Regular Membership per Institution: Each institution is eligible to cast one vote. Open to 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 a standing HSACCC member prior to 2006)

\$150 before Oct 1, 2016
 \$155 Pay Pal before Oct 1, 2016
 \$175 after Oct 1, 2016 renewals only
 \$181 PayPal after Oct 1, 2016 renewals only

Associate Membership (Non-Voting)

Open to health services professionals and other interested persons (substitutes, psychological counselors, consultants, student services administrators, part-time employees) per HSACCC Bylaws Article IIIB.

\$50 before Oct 1, 2016
 \$52 PayPal before Oct 1, 2016
 \$75 after Oct 1, 2016 renewals only
 \$78 PayPal after Oct 1, 2016 renewals only

Community Partner Membership (Non-Voting)

Open to community partners who actively collaborate with HSACCC in furthering the purpose/goals of the organization. No institutional membership is required. Community Partner membership requires appointment and approval of the Executive Board.

\$50 before Oct 1, 2016
 \$52 PayPal before Oct 1, 2016
 \$75 after Oct 1, 2016 renewals only
 \$78 PayPal after Oct 1, 2016 renewals only

Emeritus (Non-Voting) Granted by HSACCC upon individual's retirement

No dues

Honorary (Non-Voting) For distinguished contribution to the aims of the organization. Appointed by Executive Committee and approved by membership.

No dues

Are you retiring this year? Yes No

Information held confidential

Please check if you would like more information about:

- Mentorship Program
- Participating in your local region activity planning
- Participating on HSACCC committees
 - Conference Planning Committee
 - Legislative Committee
 - Research Committee
- Participating in a Leadership Role (Executive Board)
- Other (list): _____

Payment Due: July 1, 2016 Payment is delinquent after October 1, 2016. Sorry, we cannot accept purchase orders.

Mail completed form and payment (made out to HSACCC) to:
 Alex Bell, RN, HSACCC Corresponding Secretary
 Allan Hancock College
 800 S. College Dr.
 Santa Maria, Ca 93455

Email: abell@hancockcollege.edu

Please attach a check or a copy of your PayPal receipt when submitting this application.

Seller Protection - Eligible

Buyer

Mary Hansen
hansenm@flc.losrios.edu

Instructions to merchant
The buyer hasn't entered any instructions.

Shipping address - confirmed

Mary Hansen
960 Patrick Circle
Folsom, CA 95630
United States

Shipping details
You haven't added any shipping details.

Description	Unit price	Qty	Amount
Membership	\$181.00		\$181.00
Item# membership, Membership: Late Regular Membership	USD	1	USD

Subtotal \$181.00 USD
Total \$181.00 USD
Payment \$181.00 USD

Payment sent to dgoodman@shastacollege.edu

? Questions? Go to the Help Center at: www.paypal.com/help.

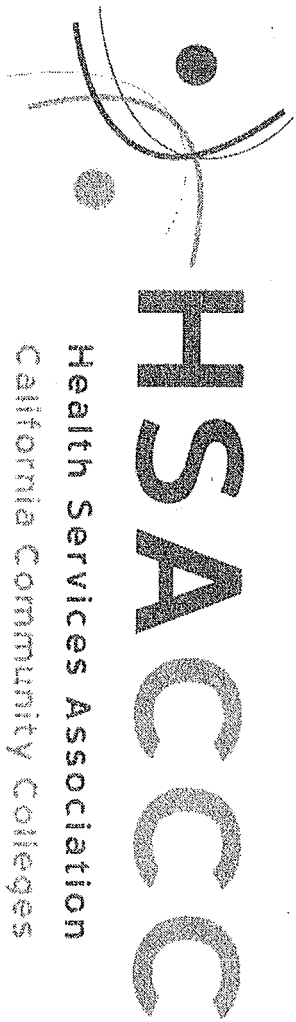
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Certificate of Membership

This certifies that

Folsom Lake College

is a Member Institution in good standing for the 2016-2017 Academic Year.

The Mission of the Health Services Association California Community Colleges is to support and foster student access to quality health service programs within the California Community Colleges

Laureen Campana, BSN, NP, MPH

Laureen Campana, HSACCC President

Alex de Joungue, RN, MSN

Alex de Joungue, HSACCC Corresponding Secretary