

LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001108362

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145
ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
09/19/2019		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	See Details
Reference:	Location / Dept	
1022076 HANSEN HANEYB	04ASPH52 STUSVC	

Supplier: 0000024031
HSACCC
RENEE MARTIN-THORNTON, RN
RIVERSIDE CITY COLLEGE
4800 MAGNOLIA AVENUE
RIVERSIDE CA 92506

email:

Ship To: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630
United States

Bill To: 1919 Spanos Court
Sacramento CA 95825-3981
United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	2019-2020 MEMBERSHIP (HSACCC) HEALTH SERVICES ASSOCIATION CALIFORNIA COMMUNITY COLLEGE - ONE REGULAR INSTITUTIONAL (VOTING) MEMBERSHIP FOR FOLSOM LAKE COLLEGE	1.00EA	150.00	150.00	09/17/2019

PREPAY - MAIL HSACCC MEMBERSHIP APPLICATION WITH CHECK

Paid Ch# 94-785646
9/26/19 Amt \$ 150.00

Sub Total Amount	150.00
Sales Tax Amount	0.00
Total PO Amount	150.00

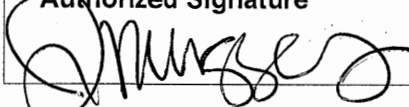
BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5300	11	FL.VS.HLTH	64400	00000	101E	150.00	2020

0001022076CHAVEZA17-SEP-2019

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature


Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30
MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

Requisition

Supplier: HSACCC
 RENEE MARTIN-THORNTON, RN
 RIVERSIDE CITY COLLEGE
 4800 MAGNOLIA AVENUE
 RIVERSIDE CA 92506
 United States

0000024031

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001022076	09/06/2019	1	
Requisition Name:			
HSACCC MEMBERSHIP			
Requester			
Mary Hansen			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: KRAVCHUA 06-SEP-2019			

email:

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	MEMBERSHIP; 2019-2020 MEMBERSHIP REGULAR MEMBERSHIP (VOTING) - \$150.00 BEFORE OCTOBER 1, 2019	1	EA	150.00	150.00	

150.00 Sub-total
0.00 Est. tax

Total Requisition Amount: 150.00

PREPAY -
 ATTACHED HSACCC MEMBERSHIP APPLICATION
 FOR: MARY HANSEN - FL1-52

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	5300	11	FL.VS.HLTH	64400	00000	101E	150.00

Approval Signature	Approval Signature	Approval Signature
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2019-2020 Membership Application

Date Submitted: 09/06/19

First Name: MARY Last Name: HANSEN Licensure: CA N4081013
 Position: COLLEGE NURSE Email: Hansenmeflc@losrios.edu
 College Name: FOLSOM LAKE COLLEGE
 College District: LOS RIOS COMMUNITY COLLEGE DISTRICT Region: 2
 Wk Address: 10 COLLEGE PARKWAY, FOLSOM, CA 95630
 Wk. Phone: (916) 608-6782 Fax: () ⊖ M: ()
 Home Address: 960 PATRICK CIR, FOLSOM, CA 95630
☐ **NEW Membership** (If you are new would you like mentoring? Yes ☐ No ☐) ☒ **RENEWAL**

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. 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)	<input checked="" type="checkbox"/> \$150 before Oct 1, 2019 <input type="checkbox"/> \$155 Pay Pal before Oct 1, 2019 <input type="checkbox"/> \$175 after Oct 1, 2019 renewals only <input type="checkbox"/> \$181 PayPal after Oct 1, 2019 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 HSACCC Bylaws Article IIIB.	<input type="checkbox"/> \$50 before Oct 1, 2019 <input type="checkbox"/> \$52 PayPal before Oct 1, 2019 <input type="checkbox"/> \$75 after Oct 1, 2019 renewals only <input type="checkbox"/> \$78 PayPal after Oct 1, 2019 renewals only
<input type="checkbox"/> 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.	<input type="checkbox"/> \$50 before Oct 1, 2019 <input type="checkbox"/> \$52 PayPal before Oct 1, 2019 <input type="checkbox"/> \$75 after Oct 1, 2019 renewals only <input type="checkbox"/> \$78 PayPal after Oct 1, 2019 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 No dues

Payment Due: July 1, 2019 Payment is delinquent after October 1, 2019. Sorry, we cannot accept purchase orders.

Mail completed form and payment (made out to HSACCC) to:
 Renee Martin-Thornton, RN, HSACCC Corresponding Secretary
 Riverside City College
 4800 Magnolia Avenue
 Riverside, CA 92506
Email: renee.martin-thornton@rcc.edu

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

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): _____

Membership Categories

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)

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.

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.

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

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

Benefits of Membership

Access to the HSACCC ListServe
Access to ACHA NCHA Consortium Data
Access to the Annual Survey Data
Email notifications of upcoming events
HSACCC Mentorship Program

Membership Packet

Download the .pdf of the [Membership Packet](#)

Join Now or Renew Your Membership Online

1. Print a copy of the [Membership Packet](#)
2. Fill in the information as requested
3. Send your membership application and your check OR if you pay using the PayPal Button below, attach a copy of your receipt to the membership application and mail the completed form to

HSACCC
Elizabeth Goold, HSACCC Corresponding Secretary
College of the Desert
43500 Monterey Avenue
Palm Desert, CA, 92260
email: egoold@collegeofthedesert.edu

Membership

Regular Membership \$155.00 USD

Buy Now



Mission Statement

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

Quick Links

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[2018 Conference Brochure](#)

[Members Only](#)

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Contact Information



Dr. Jeanne Harris-Caldwell, HSACCC President
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Elizabeth Goold, HSACCC Corresponding Secretary
egoold@collegeofthedesert.edu



HSACCC Webmaster
web@hsaccc.org

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