

**•Member Contact Updates & Corrections:**  
 Please update/correct your contact information on the Payment Form below. Remember to include any changes to your home/work phone(s), fax, and email information.  
**•Last Name Notification:** All members with hyphenated or two last names are automatically registered at CSHA with all names that appear after the first name listed below. If you wish to be identified under a different name, so indicate by underlining your preferred last name. Please make sure to be consistent and use this last name for all CSHA member inquiries and/or conference registrations.

**•Directory Listings:**  
 Refer to the back of this form for information regarding the CSHA on-line directory for members only and the hard copy directory. Please indicate your listing preference(s) on the Payment Form below.

**•Bilingual Professionals:**  
 In order to be listed in the CSHA Foreign Language Directory, you must agree to the definition of a bilingual professional as described in the statement included on the reverse side of this form. If you are in agreement to these terms and wish to be listed as a bilingual professional, please include your signature on the backside of this Payment Form.

**Life Member Contributions for 2008**  
 PLEASE RETAIN FOR YOUR PAYMENT RECORDS

Please check corresponding box(es) & amount sent to CSHA for your payment record.

**CSHA Political Action Committee (PAC):**  
 Contributions to PAC are not deductible as charitable contributions for Federal Income Tax purposes.  
 Paid \$25    Paid \$50    Paid \$75    Paid Other \$ \_\_\_\_\_

**Student Scholarship Fund:**  
 Donation for students' registration fee for the CSHA State Convention.  
 Paid \$25    Paid \$50    Paid \$75    Paid Other \$ \_\_\_\_\_

**•Directory Listings:**  
 Refer to the back of this form for new information regarding the CSHA Directories. Please indicate your listing preference(s) on the Payment Form below.  
 Paid \$ \_\_\_\_\_ for # \_\_\_\_\_ Member Directory(ies) Directories are \$25 each.

PAYMENT RECORDS	
Dues and Contributions Paid By:	
<input type="checkbox"/> Mastercard   or <input type="checkbox"/> Visa	Amount Charged: \$ _____
<input type="checkbox"/> Check # _____	Amount Paid: \$ _____
<input type="checkbox"/> Money Order Reference# _____	Amount Paid: \$ _____
<b>TOTAL AMOUNT PAID: \$ _____</b>	

\*Keep for your records

**Life Members Enjoy a Reduced Registration Fee at the  
 2008 CSHA Annual State Convention!**  
 April 10-13, 2008 at the The Monterey Marroitt & The Portola Plaza!  
 Check your mailbox mid-January for the Convention Program Book!  
 Visit CSHA online & get the latest details for  
 •The 2008 CSHA Annual Convention • Upcoming CE Opportunities•  
 •The Latest Legislative News• Pay Your Dues Online! •



Come visit us at:  
[www.CSHA.org](http://www.CSHA.org)

\*Cut here and return to CSHA with payment

\*Please disregard this notice if payment has been submitted.

**•Member Contact Updates Corrections & Last Name Notifications:**  
 Please refer to the corresponding statement at the top of this form for further definitions and instructions regarding member contact information.

**•Directory Listings:**  
 Please refer to the reverse side of this form for information regarding Directory Listings & the corresponding definitions of each preference. Please check all listing preferences that apply in the appropriate boxes below.

- Do NOT list my contact information in either directory.  
 Please list me in both directories with the following contact information:  
 Address    Home Phone    Work Phone  
 FAX    Email    All Contact Information

**•Bilingual Professionals:**  
 PLEASE REFER TO THE BACK OF THE PAYMENT FORM.

**Life Member Contributions for 2008** Please check corresponding box(es).

**CSHA Political Action Committee (PAC):**  \$ \_\_\_\_\_  
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**•Directory Listings:**  
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Member Directory # \_\_\_\_\_ of Directory(ies) @ \$25 each    \$ \_\_\_\_\_  
**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

Please make Checks & Money Orders Payable to CSHA  
 Check # \_\_\_\_\_   Amount Paid: \$ \_\_\_\_\_  
 Money Order Reference# \_\_\_\_\_   Amount Paid: \$ \_\_\_\_\_  
Credit Card Payments may be FAXED to: (916) 921-0127  
 Mastercard    Visa   Exp. Date: \_\_\_\_\_   Charge Amount: \$ \_\_\_\_\_

Acct.#: \_\_\_\_\_  
 Signature: (Required for credit card payment) \_\_\_\_\_